

## **EXHIBIT 1**

Wesco Insurance Company

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7/5/2016

Personnel Staffing Group, LLC  
DBA: Barnett Management  
Att: Danny Barnett  
1751 Lake Cook Road  
Suite 600  
Deerfield IL 60015

Re: Workers Compensation Coverage  
Effective Date: 6/30/2016  
Policy Number: WWC3216474  
Program Offered: Guaranteed Cost

Thank you for selecting Wesco Insurance Company, a member of the AmTrust Financial Companies, as your workers compensation carrier.

Should you need to report a claim, please call our 24/7 Toll-Free Claim Reporting line at (866) 272-9267. Additional information may be found on our website, [www.amtrustgroup.com/small-business-insurance](http://www.amtrustgroup.com/small-business-insurance).

An Invoice for the deposit premium has been mailed separately. If your agent has already collected the deposit premium, please disregard this notice. Enclosed with your policy are any premium credit applications, if applicable.

If you have any customer service related issues, please contact your insurance agent or call us at 877-528-7878.

Again, thank you for allowing Wesco Insurance Company to service your workers compensation needs.

Cc: AmWINS Specialty Casualty Solutions, LLC  
10 South LaSalle Street Suite 2000  
Chicago IL 60603

[FILtrNewBus]

**ARKANSAS**

**NOTICE TO POLICYHOLDER**

**CLARIFICATION TO CERTIFICATE OF NONCOVERAGE LAW**

**THIS NOTICE CONTAINS A BRIEF SYNOPSIS OF THE SIGNIFICANT CHANGES THAT MAY OCCUR TO YOUR PREMIUM CHARGED.**

**PLEASE READ YOUR POLICY AND ALL FORMS ATTACHED TO YOUR POLICY CAREFULLY. NO COVERAGE IS PROVIDED BY THIS POLICYHOLDERS NOTICE NOR CAN IT BE CONSTRUED TO REPLACE OR PROVIDE ANY PROVISIONS IN YOUR POLICY.**

Your Workers Compensation and Employers Liability Insurance Policy contains rates and classifications that apply to your business for the purpose of determining the premium you must pay.

Pursuant to House Bill 1700 of 2007 amending § 11-9-402, an uninsured intermediate contractor cannot present Certificate of Noncoverage (CnCs) for workers of the subcontractor(s) to the prime contractor to satisfy the requirement for workers compensation insurance coverage. If the intermediate contractor does not have workers compensation coverage insurance for its workers, additional premium for the workers of the subcontractor(s) must be charged on the prime contractor's workers compensation policy in accordance with NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance Rule 2-H.

If the intermediate contractor does have workers compensation coverage, all employees are reported under this policy, and additional premium for the workers of the subcontractor(s) must be charged on the intermediate contractor's workers compensation policy in accordance with NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance Rule 2-H. The policyholder may select to be excluded from the policy.

If the intermediate contractor does not have workers compensation coverage and does not have any employees, a CnC may be presented to the prime contractor to satisfy the requirement for workers compensation insurance coverage for the intermediate contractor.

Effective July 31, 2007, on new and renewal policies, House Bill 1700 has the potential to affect how much workers compensation insurance may cost as a result of presenting Certificates of Noncoverage.

**WESCO INSURANCE COMPANY**

*874 Walker Rd, Suite C  
Dover, DE 19904*

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WORKERS' COMPENSATION  
*and*  
EMPLOYERS' LIABILITY INSURANCE POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Stephen Unger, Secretary



Jeff Leo, President

To obtain information, please contact your agent or Wesco Insurance Company at **877-528-7878**. You may also write Wesco Insurance Company Consumer Relations at:

5800 Lombardo Center  
Cleveland OH 44131-2550



## AmTrust North America

An AmTrust Financial Company

Timely reporting of workers' compensation claims is essential so a complete and thorough investigation can be completed and determination of benefits made. Additionally, timely claim reporting supports our efforts to provide you and your employees the best possible medical and disability management. We urge you to please report the claim immediately upon notification.

### Claim Reporting Information

To Report a Claim by Phone, Fax or Email

#### For ALL States

**Phone:** (866) 272-9267

**Fax:** (877) 669-9140

**Email:** Amtrustclaims@qrm-inc.com

#### For Florida Only

**Florida Only:** (888) 225-2442

**Fax:** (561) 241-3257

**Email:** Amtrustclaims@qrm-inc.com

**Have a specific claim question? Contact the following service offices:**

States	Office	Mailing Address	Physical Address	Phone / Fax
AL, AR, VA, NC, SC, GA, MS, TN	Atlanta	Amtrust North America P.O. Box 740042 Atlanta, GA 30374-0042	Amtrust North America 11330 Lakefield DR., Bldg. II Johns Creek, GA 30097	888-239-3909 678-258-8000 Fax 678-258-8399
AZ, LA, NM, OK, SD, TX, NE, UT, CO, NV	Dallas	Amtrust North America P.O. Box 650767 Dallas TX 75265-0767	Amtrust North America 12790 Merit Drive Tower 9, 3rd Floor Dallas, TX 75251	214-360-8065 866-249-4298 Fax 678-258-8395
MT	Montana	Amtrust North America P.O. Box 650767 Dallas, TX 75265-0767	<i>Sub office in Missoula, MT</i> The Talbot Agency Attn: Kay Martin 2600 Garfield Street Missoula, MT 59806	866-246-6891 678-258-8531 Fax 214-382-2425
CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT	Princeton	Amtrust North America P.O. Box 105010 Atlanta, GA 30348-5010	Amtrust North America 300 Alexander Park, Suite 300 Princeton, NJ 08540	888-239-3909 Fax 678-258-8399
IL, IN, KS, KY, MI, MO	Chicago	Amtrust North America P.O. Box 105074 Atlanta, GA 30348-5074	Amtrust North America 33 W. Monroe Chicago, IL 60603	888-239-3909 312-781-0401 Fax 678-258-8399
IA	Des Moines	Amtrust North America P.O. Box 105074 Atlanta, GA 30348-5074	Amtrust North America 4201 Weston Parkway, Ste 214 West Des Moines, IA 50266	888-239-3909 x8534 678-258-8534 Fax 678-258-8399
MN, WI	Milwaukee	Amtrust North America P.O. Box 105074 Atlanta, GA 30348-5074	Amtrust North America 400 S. Executive Dr., Ste 150 Brookfield, WI 53005	888-239-3909 x 8538 262-641-0672 Fax 678-258-8399
FL	Florida	AIIS, an AmTrust Group Company P.O. Box 310719 Boca Raton, FL 33431	AIIS, an AmTrust Group Company 901 NW 51st St. Boca Raton, FL 33431	800-866-8600 561-994-9888 Fax 561-995-1004
		AIIS, an AmTrust Group Company P.O. Box 310719 Boca Raton, FL 33431	<i>Sub offices in Sunrise &amp; Clearwater</i> AIIS, an AmTrust Group Company 1551 Sawgrass Corporate Parkway Suite 105 Sunrise, FL 33323	800-866-8600 561-994-9888 Fax 561-995-1004
		AIIS, an AmTrust Group Company P.O. Box 310719 Boca Raton, FL 33431	AIIS, an AmTrust Group Company 2605 Enterprise Rd. East, Suite 290 Clearwater, FL 33759	727-725-9900 888-250-7030 Fax 727-725-7456

**ACORD™ WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS**

EMPLOYER (NAME & ADDRESS INCL ZIP) Personnel Staffing Group, LLC DBA: Barnett Management 1751 Lake Cook Road Deerfield IL 60015		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE
SIC CODE		JURISDICTION	JURISDICTION CLAIM NUMBER	
EMPLOYER FEIN 010759364		INSURED REPORT NUMBER		
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION #		
		PHONE #		
		COUNTY		

**CARRIER/CLAIMS ADMINISTRATOR**

CARRIER (NAME, ADDRESS & PHONE NO) Wesco Insurance Company 800 Superior Avenue East, 21st Floor Cleveland, OH 44114 877-528-7878		POLICY PERIOD 6/30/2016 TO 6/30/2017 CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) To Report a Claim By Phone: 1-866-272-9267 To Report a Claim By Fax: 1-877-669-9140 To Report a Claim My Email: amtrustclaims@qrm-inc.com
CARRIER FEIN 85-0165753	POLICY / SELF INSURED NUMBER WWC3216474	ADMINISTRATOR FEIN	
AGENT NAME & CODE NUMBER AmWINS Specialty Casualty Solutions, LLC - #107346			

**EMPLOYEE / WAGE**

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED (SINGL/DIV) <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION / JOB TITLE	
PHONE HOME WORK		# OF DEPENDENTS	EMPLOYMENT STATUS		
RATE PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER:		# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO DID SALARY CONTINUE <input type="checkbox"/> YES <input type="checkbox"/> NO		

**OCCURRENCE / TREATMENT**

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME / PHONE NUMBER			TYPE OF INJURY / ILLNESS	PART OF BODY AFFECTED	
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF INJURY / ILLNESS CODE	PART OF BODY AFFECTED	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECT OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					
CAUSE OF INJURY CODE					
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WITNESS (NAME & PHONE)		HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> FUTURE MAJOR MED/LOST TIME ANTICIPATED		
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER		

## **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency, which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting:

**OFFICE OF THE COMMISSIONER OF INSURANCE  
Complaint Department  
P.O. Box 783  
Madison, WI 53707-7873  
800-236-8517  
608-266-0103**

## **ILLINOIS INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE POLICYHOLDER DISCLOSURE**

Your policy has been surcharged as a result of the Illinois Industrial Commission Operations Fund Surcharge effective July 1, 2004. The establishment of this Fund provides that every insurance company, authorized or licensed by the Illinois Insurance Department and insuring employer's liabilities arising under the Workers' Compensation Act or the Workers' Occupational Disease Act, must remit a surcharge equal to 1.01% of the direct written premium for insuring employers' liability under the Workers' Compensation Act or Workers' Occupational Disease Act.

The portion of your annual premium that is attributable to this surcharge is shown on your declaration page.

## **NOTICE OF RIGHTS TO FILE A COMPLAINT**

### **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:

**Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

You can also contact the Illinois Division of Insurance, a state agency, which enforces Illinois' insurance laws, and file a complaint. You can contact the Illinois Division of Insurance by contacting:

**Illinois Division of Insurance  
Consumer Division  
320 W. Washington Street  
Springfield, Illinois 62767  
866-445-5364**

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER  
THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW:**

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the Guaranty Association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association  
4640 West 77th Street, Suite 342  
Edina, Minnesota 55435  
(952) 831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to workers' compensation insurance. Protection by the Guaranty Association is subject to other substantial limitations and exclusions. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDER OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.

**POLICYHOLDER NOTICE****YOUR RIGHT TO RATING AND DIVIDEND INFORMATION****I. Information Available to You****A. Information Available from Us – Wesco Insurance Company**

- (1) General questions regarding your policy should be directed to your agent.
- (2) **Dividend Calculation.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.
- (3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.  
For claims covered under this policy, we will estimate the ultimate cost of unsettled claims for statistical purposes eighteen months after the policy becomes effective and will report those estimates to the Workers' Compensation Insurance Rating Bureau of California (WCIRB) no later than twenty months after the policy becomes effective. The cost of any settled claims will also be reported at that time. At twelve-month intervals thereafter, we will update and report to the WCIRB the estimated cost of any unsettled claims and the actual final cost of any claims settled in the interim. The amounts we report will be used by the WCIRB to compute your experience modification if you are eligible for experience rating.

**B. Information Available from the Workers' Compensation Insurance Rating Bureau of California**

- (1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the California Workers' Compensation Uniform Statistical Reporting Plan—1995 (USRP) and the California Workers' Compensation Experience Rating Plan—1995 (ERP). Contact information for the WCIRB is: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Customer Service. You may also contact WCIRB Customer Service at 1 888 229 2472, by fax at 415-778-7272, or via the Internet at the WCIRB's website: <http://www.wcirbonline.org>. The regulations contained in the USRP and the ERP are available for public viewing through the WCIRB's website.
- (2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Custodian of Records. The Custodian of Records can be reached by telephone at 415-777-0777 and by fax at 415-778-7272.
- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form free of charge by completing a Policyholder Rate Sheet Request Form on the WCIRB's website at <https://wcirbonline.org/ratesheet>. The Experience Rating Form will include a Loss-Free Rating, which is the experience modification that would have been calculated if \$0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for information purposes only.

**II. Dispute Process**

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

**A. Our Dispute Resolution Process.**

If you are aggrieved by our decision adopting a change in a classification assignment that results in increased premium, or by the application of our rating system to your workers' compensation insurance, you may dispute these matters with us. If you are dissatisfied with the outcome of the initial dispute with us, you may send us a written Complaint and Request for Action as outlined below.

You may send us a written Complaint and Request for Action requesting that we reconsider a change in a classification assignment that results in an increased premium and/or requesting that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written Complaints and Requests for Action should be forwarded to:

CT Corporation  
c/o Jere Keprios  
818 West Seventh Street  
Los Angeles, California 9001

Phone – (213) 627-8252  
Fax – (213) 614-8632

After you send your Complaint and Request for Action, we have 30 days to send you a written notice indicating whether or not your written request will be reviewed. If we agree to review your request, we must conduct the review and issue a

decision granting or rejecting your request within 60 days after sending you the written notice granting review. If we decline to review your request, if you are dissatisfied with the decision upon review, or if we fail to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner as described in paragraph II.C., below.

- B. Disputing the Actions of the WCIRB.** If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 14 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written Inquiries should be sent to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Customer Service. Customer Service can be reached by telephone at 1-888-229-2472, and by fax at 415-778-7272.

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether or not your written request will be reviewed. If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Complaints and Reconsiderations. The WCIRB's telephone number is 1-888-229-2472, and the fax number is 415-371-5204.

- C. California Department of Insurance – Appeals to the Insurance Commissioner.** If, after you follow the appropriate dispute resolution process described above, we or the WCIRB decline to review your request, if you are dissatisfied with the decision upon review, or if we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the insurance commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the insurance commissioner is:

Administrative Hearing Bureau  
California Department of Insurance  
1221 Broadway  
Suite 900  
Oakland, CA 94612

You have the right to a hearing before the insurance commissioner, and our action, or the action of the WCIRB, may be affirmed, modified, or reversed.

### III. Resources Available to You in Obtaining Information and Pursuing Disputes

- A. Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the insurance commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 525 Market Street, Suite 800, San Francisco, California 94105-2767, Attention: Policyholder Ombudsman. The policyholder ombudsman can be reached by telephone at 415-778-7159 and by fax at 415-371-5288.
- B. California Department of Insurance – Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 1-800-927-HELP (4357) or <http://www.insurance.ca.gov>. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.

**POLICYHOLDER NOTICE****CALIFORNIA WORKERS' COMPENSATION  
INSURANCE RATING LAWS**

Pursuant to Section 11752.8 of the California Insurance Code, we are providing you with an explanation of the California workers' compensation rating laws.

1. We establish our own rates for workers' compensation. Our rates, rating plans, and related information are filed with the insurance commissioner and are open for public inspection.
2. The insurance commissioner can disapprove our rates, rating plans, or classifications only if he or she has determined after public hearing that our rates might jeopardize our ability to pay claims or might create a monopoly in the market. A monopoly is defined by law as a market where one insurer writes 20% or more of that part of the California workers' compensation insurance that is not written by the State Compensation Insurance Fund. If the insurance commissioner disapproves our rates, rating plans, or classifications, he or she may order an increase in the rates applicable to outstanding policies.
3. Rating organizations may develop pure premium rates that are subject to the insurance commissioner's approval. A pure premium rate reflects the anticipated cost and expenses of claims per \$100 of payroll for a given classification. Pure premium rates are advisory only, as we are not required to use the pure premium rates developed by any rating organization in establishing our own rates.
4. We must adhere to a single, uniform experience rating plan. If you are eligible for experience rating under the plan, we will be required to adjust your premium to reflect your claim history. A better claim history generally results in a lower experience rating modification; more claims, or more expensive claims, generally result in a higher experience rating modification. The uniform experience rating plan, which is developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner.
5. A standard classification system, developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner. The standard classification system is a method of recognizing and separating policyholders into industry or occupational groups according to their similarities and/or differences. We can adopt and apply the standard classification system or develop and apply our own classification system, provided we can report the payroll, expenses, and other costs of claims in a way that is consistent with the uniform statistical plan or the standard classification system.
6. Our rates and classifications may not violate the Unruh Civil Rights Act or be unfairly discriminatory.
7. We will provide an appeal process for you to appeal the way we rate your insurance policy. The process requires us to respond to your written appeal within 30 days. If you are not satisfied with the result of your appeal, you may appeal our decision to the insurance commissioner.

**California Workers' Compensation Insurance  
Notice of Nonrenewal**

Section 11664 of the California Insurance Code requires us, in most instances, to provide you with a notice of nonrenewal. Except as specified in paragraphs 1 through 6 below, if we elect to nonrenew your policy, we are required to deliver or mail to you a written notice stating the reason or reasons for the nonrenewal of the policy. The notice is required to be sent to you no earlier than 120 days before the end of the policy period and no later than 30 days before the end of the policy period. If we fail to provide you the required notice, we are required to continue the coverage under the policy with no change in the premium rate until 60 days after we provide you with the required notice.

We are not required to provide you with a notice of nonrenewal in any of the following situations:

1. Your policy was transferred or renewed without a change in its terms or conditions or the rate on which the premium is based to another insurer or other insurers who are members of the same insurance group as us.
2. The policy was extended for 90 days or less and the required notice was given prior to the extension.
3. You obtained replacement coverage or agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
4. The policy is for a period of no more than 60 days and you were notified at the time of issuance that it may not be renewed.
5. You requested a change in the terms or conditions or risks covered by the policy within 60 days prior to the end of the policy period.
6. We made a written offer to you to renew the policy at a premium rate increase of less than 25 percent.
  - (A) If the premium rate in your governing classification is to be increased 25 percent or greater and we intend to renew the policy, we shall provide a written notice of a renewal offer not less than 30 days prior to the policy renewal date. The governing classification shall be determined by the rules and regulations established in accordance with California Insurance Code Section 11750.3(c).
  - (B) For purposes of this Notice, "premium rate" means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

This notice does not change the policy to which it is attached.

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**NOTICE REQUIRED BY LAW-CALIFORNIA**

Since our offer to renew your coverage reflects a premium rate increase of 25 percent or more in your governing classification, California law (Insurance Code section 11664) requires us to send you a "notice of nonrenewal", even though we do intend to renew your policy. This constitutes the required notice. For purposes of this Notice, premium rate means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

**Insured** Personnel Staffing Group, LLC

**Date of Notice** 6/30/2016

**Policy No.** WWC3216474

**Policy Period** 6/30/2016 - 6/30/2017

**POLICYHOLDER NOTICE**

**CALIFORNIA INSURANCE GUARANTEE ASSOCIATION (CIGA) SURCHARGE**

Companies writing property and casualty insurance business in California are required to participate in the California Insurance Guarantee Association. If a company becomes insolvent, the California Insurance Guarantee Association settles unpaid claims and assesses each insurance company for its fair share.

California law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged, "CA Surcharge" or "CA Surcharge (CIGA Surcharge)" with an amount will be displayed on your premium notice.

This notice does not change the policy to which it is attached.

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**POLICYHOLDER NOTICE**  
**PAYROLL RECORD REQUIREMENTS FOR**  
**DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS**

Dual wage classifications are pairs of classifications that describe the same construction or erection operation yet are assigned based upon whether the employee's hourly wage is above or below a specified threshold. Each pair of dual wage classifications contains one "high wage" classification that is assignable to payrolls earned by employees whose regular hourly wage equals or exceeds a specified wage threshold and one "low wage" classification that is assignable to payrolls earned by employees whose regular hourly wage is less than the specified threshold.

Your policy includes one or more dual wage construction or erection classifications. The assignment of a high wage classification to any non-salaried employee is contingent on verifying that employee's hourly wage by reconciling the total number of hours the employee actually worked during the policy period against the employee's time cards or time sheets that document the operations performed, the daily start and stop times and the total hours worked each day for that employee.

The non-salaried employee's regular hourly wage shall be determined by dividing that employee's total remuneration by the hours worked, irrespective of whether the employee is paid on an hourly, piecework, production or commission basis.

The payroll earned by any non-salaried employees for whom we are unable to verify the total number of hours worked will be assigned to the low wage classification that describes the operations performed.

The regular hourly wage of salaried employees is determined by dividing the total annual remuneration by 2000 hours. If an employee is salaried for less than 12 months, the regular hourly wage for the salaried period is calculated on a prorated basis.

**MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS  
COMPENSATION—PREMIUM CREDIT APPLICATION**

**Personnel Staffing Group, LLC**

Insured: **DBA: Barnett Management**

Policy No. WWC3216474 Effective Date 6/30/2016 Carrier Name Wesco Insurance Company

**Notice: Unless classification code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent or carrier if assistance is desired.**

Is this a new business? No ☐ Yes ☐

**If no,** submit information for the THIRD calendar quarter (July, August, September) of the PRECEDING calendar year as reported to taxing authorities.

**If yes,** submit information for the first complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_.

<u><b>CLASSIFICATIONS</b></u>		<b>TOTAL MISSOURI WAGES PAID(1,2)</b>	<b>TOTAL HOURS WORKED(3)</b>
<b>Contracting classifications:</b>	<b>CODE</b>		
<b>Example: Electrical Wiring</b>	<b>5190</b>	<b>\$8,000</b>	<b>520</b>
<b>Contracting classifications:</b>			
<b>Non-Contracting classifications:</b>			

**For each classification code, combine all wages for that code in a single entry. Employee names are not required.**

1. Exclude overtime premium pay (e.g. an employee makes \$16/hour and is paid time and one-half, only report the payroll based upon the \$16/hour).
2. Exclude the entire pay for any sole proprietor, partner, or executive officer.
3. Including overtime hours.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

Form 24-1

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## WESCO INSURANCE COMPANY

### IMPORTANT NOTICE

#### Employer Option for Reimbursement of Medical Expenses On Non-Disabling Claims

POLICY NUMBER: WWC3216474

POLICY PERIOD

FROM: 6/30/2016

TO: 6/30/2017

INSURED: Personnel Staffing Group, LLC

Oregon Regulation 436-060-0055 offers you the option of electing to reimburse us for medical expenses up to \$1900 on non-disabling workers compensation claims. This option allows you to eliminate this claim cost from consideration when determining future experience modifications.

A non-disabling claim is a claim in which the injured employee does not receive any payment from us for time lost from work.

#### REIMBURSABLE AMOUNT EACH CLAIM

☐ \$1,900

You are not required to reimburse us for the claim payment. Any claim not reimbursed will be used in experience modification calculations.

Please check the option you have elected and return this form to us as soon as possible.

☐ No, I do not choose to participate in the reimbursement option described in this Notice.

☒ Yes, I chose to participate. I understand that the Company shall pay the claim and invoice the employer shown above for reimbursement.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the reimbursement option.

If you have any questions, please contact your agent or broker.

\_\_\_\_\_  
INSURED'S SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

Policyholder Notice

OR – Medical Reimbursement

**Wesco Insurance Company****A Stock Insurance Company****874 Walker Rd, Suite C****Dover, DE 19904**WORKERS COMPENSATION  
AND EMPLOYERS LIABILITY  
INSURANCE POLICYWC 99 00 01 C  
1 of 5  
INFORMATION PAGE

Ncci Code: 26135

ME Un. #: , MN Un. #: , NJ Tax Id. #:

1. Insured:

Policy Number:

**WWC3216474****Personnel Staffing Group, LLC**

DBA: Barnett Management

1751 Lake Cook Road

Suite 600

Deerfield, IL 60015

☐ Individual☐ Partnership

Other workplaces not shown above:

☐ Corporation or☒ LLC

See Extension of Information Page

Federal Tax ID:

010759364

Producer:

Risk ID:

AmTrust North America, Inc.

Renewal of:

New

c/o AmWINS Specialty Casualty Solutions, LLC

AmWINS Specialty Casualty Solutions, LLC

10 South LaSalle Street Suite 2000

Chicago, IL 60603

2. The policy period is from

6/30/2016 to 6/30/2017

12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Alabama, Arkansas, Arizona, California, Connecticut, Delaware, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Virginia, Vermont, Wisconsin, West Virginia

B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A.

The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$ 1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

**TOTAL ESTIMATED ANNUAL PREMIUM****33,316,855****STATE ASSESSMENT****876,184****TOTAL ESTIMATED COST****34,193,039**

Minimum Premium

27,485

Deposit Premium

3,419,312

Issue Date: 7/5/2016

Countersigned By: \_\_\_\_\_

Authorized Representative

Servicing/Issuing Office: Cleveland

Wesco Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. Sec. 11-9-409(d) and AWCC Rule 32. If you would like more information, call Wesco Insurance Company Loss Control Department at 888-486-7466. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

Wesco Insurance Company is required by law (KSA 44.5, 104 Part C) to provide its policyholders with certain accident prevention services at not additional cost. if you would like additional information, contact Wesco Insurance Company Loss Control Department at 1-877-528-7878.

Wesco Insurance Company is required by law to provide its policyholders with certain accident prevention services as required by Oklahoma HB 1002, Section 11, Subsection b, at no additional cost. if you would like additional information, contact Wesco Insurance Company Loss Control Department at 1-877-528-7878.

**FRAUD NOTICE - PENNSYLVANIA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. UG 131a (Ed. 8-97)

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC**

**Policy Number: WWC3216474**

**EXTENSION OF INFORMATION PAGE FOR ITEM #1  
ITEM 1: NAMED INSURED and WORKPLACES**

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**NAMED INSURED:**

Personnel Staffing Group, LLC  
DBA: Barnett Management

Fein: 010759364

**WORKPLACES:**

Location Number 1.  
1751 Lake Cook Road  
Suite 600  
Deerfield, IL 60015

Wesco Insurance Company

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**EXTENSION OF INFORMATION PAGE FOR ITEM #3.D  
ITEM 3.D: ENDORSEMENT SCHEDULE**

State	Form Number	Description
	WC000000A	DECLARATIONS COVER LETTER
	WC990001C	DECLARATIONS PAGE
CA	PN049901D	CA Your Right to Rating and Dividend Information
CA	PN049902B	CA Workers' Compensation Insurance Rating Laws
CA	PN049903	CA Notice Required By Law
CA	PN049904	CA Insurance Guarantee Association (CIGA)
CA	PN049906	CA PAYROLL RECORD REQUIREMENTS FOR DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS
CA	34-2005 1008	CA Important Notice
NJ	NJFormPP-1B	NOTICE OF ELECTION - PROPRIETORS AND PARTNERS
	WC000113	TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT
	WC000113A	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
	WC000403	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
	WC000404	PENDING RATE CHANGE ENDORSEMENT
	WC000406	PREMIUM DISCOUNT ENDORSEMENT
	WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
	WC000419	PREMIUM DUE DATE ENDORSEMENT
	WC000421D	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
	WC000422	FOREIGN TERRORISM PREMIUM ENDORSEMENT
	WC000422B	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
AZ	WC020401A	ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
AZ	WC020601	ARIZONA CANCELTION ENDORSEMENT
AR	WC030601A	ARKANSAS AMENDATORY ENDORSEMENT
CA	WC040104	CA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
CA	WC040301B	CA POLICY AMENDATORY ENDORSEMENT
CA	WC040360B	EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT - CALIFORNIA
CA	WC040416	CA TERRORISM PREMIUM ENDORSEMENT
CA	WC040601A	CALIFORNIA CANCELTION ENDORSEMENT
CT	WC060301	CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT
CT	WC060303C	CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT
CT	WC060601	CONNECTICUT NONRENEWAL ENDORSEMENT
DE	WC070601	DELAWARE NONRENEWAL ENDORSEMENT
FL	WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
FL	WC090402	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
FL	WC090403B	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
FL	WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
GA	WC100601A	GEORGIA CANCELTION, NONRENEWAL AND CHANGE ENDORSEMENT
OK	WcOkLc1	OK - LOSS CONTROL NOTICE TO POLICYHOLDERS

Wesco Insurance Company

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Classification</b>	<b># of Emps</b>	<b>Code No.</b>	<b>Premium Basis Total Est. Annual Remuneration</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
<b>Alabama</b>					
Storage Warehouse NOC	2	8292	111,000	4.50	4,995
Clerical Office Employees NOC	2	8810		0.28	
Manual Premium					4,995
Total Manual Premium					4,995
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			70
Total Premium Subject to Experience Modification					5,065
Experience Modification 75%					3,799
Schedule Modifier -2%		9887			-76
Premium Discount 12.4%		0063			-462
Expense Constant		0900			0
Terrorism		9740			22
Catastrophe (other than Terrorism)		9741			22
Total AL Premium					3,305
Total AL Cost					3,305

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Arkansas**

Storage Warehouse NOC	1	8292	9,000	2.50	<u>225</u>
Manual Premium					225
Total Manual Premium					225
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					227
Experience Modification 75%					170
Schedule Modifier -2%		9887			-3
Premium Discount 12.4%		0063			-21
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total AR Premium					<u>150</u>
Total AR Cost					150

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Arizona**

Electrical Wiring—within Buildings & Drivers	1	5190	100	4.29	4
Storage Warehouse NOC	1	8292	211,000	3.97	8,377
Manual Premium					8,381
Total Manual Premium					8,381
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			92
Total Premium Subject to Experience Modification					8,473
Experience Modification 75%					6,355
Schedule Modifier -2%		9887			-127
Premium Discount 12.2%		0063			-760
Expense Constant		0900			0
Terrorism		9740			21
Catastrophe (other than Terrorism)		9741			21
Total AZ Premium					5,510
Total AZ Cost					5,510

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****California**

Bakeries and Cracker Mfg.	1	2003	31,046,000	17.26	5,358,540
Bottling	1	2163	2,662,000	15.46	411,545
Clothing Mfg.	1	2501	17,899,000	12.80	2,291,072
Sawmills or Shingle Mills	1	2710	1,189,000	14.96	177,874
Wood Products Mfg.	1	2842	528,000	20.72	109,402
Tag, Button or Fastener Mfg.	1	3131	5,469,000	12.62	690,188
Electrical Apparatus Mfg.	1	3179	10,859,000	9.00	977,310
Instrument Mfg. — electronic	1	3681	12,400,000	2.45	303,800
Automobile, Automobile Truck or Motorcycle Parts Mfg.	1	3840	5,548,000	11.93	661,876
Plastics — injection molded products mfg.	1	4498	14,469,000	11.90	1,721,811
Plastics — thermoformed products mfg.	1	4499	10,384,000	13.95	1,448,568
Cosmetic, Personal Care or Perfumery Products Mfg.	1	4623	20,309,000	16.87	3,426,128
Vitamin or Food Supplement Mfg.	1	4831	5,976,000	14.90	890,424
Office Machine Installation or Repair	1	5191	1,304,000	4.72	61,549
Food Products Mfg. or Processing	1	6504	32,727,000	16.97	5,553,772
Stores — retail	1	8017	2,758,000	7.47	206,023
Stores — wholesale	1	8018	9,258,000	14.40	1,333,152
Stores — clothing, dry goods — wholesale	1	8032	5,044,000	15.97	805,527
Warehouses — general merchandise	1	8292	61,121,000	18.94	11,576,317
Clerical Office Employees	1	8810	17,185,000	0.88	151,228
Restaurants or Taverns	1	9079	12,048,000	9.45	1,138,536
Manual Premium					39,294,642
Total Manual Premium					39,294,642
Total Premium Subject to Experience Modification					39,294,642
Experience Modification 94%					36,936,963
California Territorial Factor 1					0
Schedule Modifier -21%		9887			-7,756,762
Premium Discount 7%		0063			-2,042,614
Expense Constant		0900			0
Terrorism		9740			84,055
Catastrophe (other than Terrorism)		9741			28,018
Total CA Premium					27,249,660
CIGA 2%		9999			544,993
WCARF 0.3433%		9999			93,548
UEBTF 0.0532%		9999			14,497
SIBTF 0.1191%		9999			32,454
OSHAF 0.1925%		9999			52,456
LECF 0.1215%		9999			33,108
FRAUD 0.1741%		9999			47,442
Total CA Cost					28,068,158

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Connecticut**

Clerical Office Employees NOC	1	8810	11,000	0.26	<u>29</u>
Manual Premium					29
Total Manual Premium					29
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					29
Experience Modification 75%					22
Premium Discount 12.4%		0063			-3
Expense Constant		0900			0
Terrorism		9740			1
Catastrophe (other than Terrorism)		9741			1
Total CT Premium					21
Second Injury Fund Assessment 2.75%		9999			1
Admin Costs of W/C Commissioners Office 1.9%		9999			<u>0</u>
Total CT Cost					22

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Delaware**

Warehousing NOC	1	813	272,000	9.49	25,813
Clerical Office Employees	1	953	42,000	0.38	160
Manual Premium					25,973
Total Manual Premium					25,973
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			286
Total Premium Subject to Experience Modification					26,259
Experience Modification N/A					26,259
Schedule Modifier -2%		9887			-525
Premium Discount 12.4%		0063			-3,191
Expense Constant		0900			0
Terrorism		9740			63
Catastrophe (other than Terrorism)		9741			63
Total DE Premium					22,669
Total DE Cost					22,669

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Florida**

Landscape Gardening & Drivers	1	0042	6,475,000	8.58	555,555
Cloth, Canvas and Related Products Mfg. NOC	1	2501	4,564,000	2.93	133,725
Storage Warehouse NOC	1	8292	4,988,000	5.52	275,338
Salespersons, Collectors or Messengers—Outside	1	8742	219,000	0.45	986
Clerical Office Employees NOC	1	8810	4,148,000	0.23	9,540
Club—Country, Golf, Fishing or Yacht & Clerical	1	9060	30,530,000	2.22	677,766
Park NOC—All Employees & Drivers	1	9102	5,670,000	4.50	255,150
Manual Premium					1,908,060
Total Manual Premium					1,908,060
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			26,713
Total Premium Subject to Experience Modification					1,934,773
Experience Modification 75%					1,451,080
Premium Discount 12.2%		0063			-177,032
Expense Constant		0900			0
Terrorism Risk Insurance Act		9740			11,319
Total FL Premium					1,285,367
Total FL Cost					1,285,367

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Georgia**

Store: Wholesale NOC	1	8018	6,154,000	5.00	307,700
Storage Warehouse NOC	2	8292	5,455,000	7.22	393,851
Clerical Office Employees NOC	1	8810	201,000	0.23	462
Manual Premium					702,013
Total Manual Premium					702,013
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			7,722
Total Premium Subject to Experience Modification					709,735
Experience Modification 75%					532,301
Schedule Modifier -2%		9887			-10,646
Premium Discount 7%		0063			-36,516
Expense Constant		0900			0
Terrorism		9740			2,362
Catastrophe (other than Terrorism)		9741			2,362
Total GA Premium					489,863
Total GA Cost					489,863

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Iowa</b>					
Storage Warehouse NOC	1	8292	4,886,000	4.98	<u>243,323</u>
Manual Premium					243,323
Total Manual Premium					243,323
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,677
Total Premium Subject to Experience Modification					246,000
Experience Modification 75%					184,500
Schedule Modifier -2%		9887			-3,690
Premium Discount 12.2%		0063			-22,059
Expense Constant		0900			0
Terrorism		9740			977
Catastrophe (other than Terrorism)		9741			489
Total IA Premium					<u>160,217</u>
Total IA Cost					160,217

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Idaho</b>					
Storage Warehouse NOC	2	8292	3,000	5.74	<u>172</u>
Manual Premium					172
Total Manual Premium					172
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					174
Experience Modification 75%					130
Premium Discount 12.2%		0063			-16
Expense Constant		0900			0
Terrorism		9740			1
Catastrophe (other than Terrorism)		9741			0
Total iD Premium					<u>115</u>
Total iD Cost					115

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Illinois**

Breakfast Food Mfg.	2	2016	170,000	4.05	6,885
Packing House—All Operations	2	2089	769,000	4.18	32,144
Screw Mfg.	2	3145	727,000	3.52	25,590
Electrical Apparatus Mfg. NOC	2	3179	3,634,000	3.86	140,272
Eyelet Mfg.	2	3270	715,000	6.27	44,831
Metal Stamped Goods Mfg. NOC	2	3400	1,991,000	6.38	127,026
Pump Mfg.	2	3612	1,046,000	4.85	50,731
Precision Machined Parts Mfg. NOC	2	3629	551,000	3.74	20,607
Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	2,257,000	1.84	41,529
Corrugated or Fiberboard Container Mfg.	2	4244	3,167,000	5.68	179,886
Bag Mfg.—Plastic or Paper	2	4273	1,323,000	5.23	69,193
Printing	2	4299	9,767,000	4.02	392,633
Bookbinding	2	4307	3,184,000	3.84	122,266
Plastics Mfg.—Molded Products NOC	2	4484	6,425,000	4.45	285,913
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	6,826,000	2.38	162,459
Drug, Medicine or Pharmaceutical Preparation Mfg. - Includes Mfg. of Ingredients	2	4825	5,251,000	2.11	110,796
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	1,299,000	19.10	248,109
Office Machine Installation, Inspection, Adjustment, or Repair	2	5191	173,000	1.33	2,301
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	2,405,000	5.52	132,756
Trucking—Mail, Parcel or Package Delivery—All Employees & Drivers	1	7231	705,000	14.38	101,379
Store: Florist & Drivers	2	8001	236,000	3.23	7,623
Store: Hardware	2	8010	845,000	2.78	23,491
Store: Retail—NOC	2	8017	3,867,000	2.93	113,303
Store: Wholesale NOC	2	8018	3,385,000	5.33	180,421
Store: Meat, Fish, or Poultry—Retail	2	8031	622,000	3.76	23,387
Store: Furniture & Drivers	2	8044	1,617,000	5.36	86,671
Vegetable Packing & Drivers	2	8209	2,465,000	5.10	125,715
Storage Warehouse NOC	2	8292	2,465,000	6.88	169,592
Salespersons, Collectors or Messengers—Outside	2	8742	400,000	0.43	1,720
Mailing or Addressing Company or Letter Service Shop	2	8800	21,184,000	3.28	694,835
Clerical Office Employees NOC	2	8810	17,748,000	0.19	33,721
Hotel—All Other Employees & Salespersons, Drivers	2	9052	1,138,000	4.21	47,910
Hotel—Restaurant Employees	2	9058	687,000	2.43	16,694
Manual Premium					3,822,389
Total Manual Premium					3,822,389
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			53,513
Total Premium Subject to Experience Modification					3,875,902
Experience Modification 75%					2,906,926
Schedule Modifier -1%		9887			-29,069
Premium Discount 7.4%		0063			-212,961

Expense Constant	0900	0
Terrorism	9740	54,522
Catastrophe (other than Terrorism)	9741	10,904
Total IL Premium		2,730,322
Illinois Surcharge 1.01%	9999	<u>27,576</u>
Total IL Cost		2,757,898

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<b>Indiana</b>						
Landscape Gardening & Drivers	1	0042	48,000	6.13		2,942
Welding or Cutting NOC	1	3365	512,000	5.47		28,006
Valve Mfg.	2	3634	294,000	1.56		4,586
Printing	2	4299	227,000	1.72		3,904
Storage Warehouse NOC	2	8292	53,000	2.98		1,579
Clerical Office Employees NOC	2	8810	51,000	0.18		92
Manual Premium						41,109
Total Manual Premium						41,109
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812				452
Total Premium Subject to Experience Modification						41,561
Experience Modification 75%						31,171
Schedule Modifier -2%		9887				-623
Premium Discount 12.2%		0063				-3,727
Expense Constant		0900				0
Terrorism		9740				118
Catastrophe (other than Terrorism)		9741				118
Total IN Premium						27,057
Indiana 2nd Injury Fund Surcharge 0.26%		0935				70
Total IN Cost						27,127

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ITEM 4: SCHEDULE OF PREMIUMS****Kansas**

Storage Warehouse NOC	2	8292	481,000	4.43	<u>21,308</u>
Manual Premium					21,308
Total Manual Premium					21,308
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			234
Total Premium Subject to Experience Modification					21,542
Experience Modification 75%					16,156
Schedule Modifier -2%		9887			-323
Premium Discount 12.4%		0063			-1,963
Expense Constant		0900			0
Terrorism		9740			96
Catastrophe (other than Terrorism)		9741			96
Total KS Premium					<u>14,062</u>
Total KS Cost					14,062

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ITEM 4: SCHEDULE OF PREMIUMS**

<b>Kentucky</b>						
Electrical Wiring—within Buildings & Drivers	2	5190	2,199,000	3.27	<u>71,907</u>	
Manual Premium					71,907	
Total Manual Premium						71,907
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			791	
Total Premium Subject to Experience Modification					72,698	
Experience Modification 75%					54,523	
Schedule Modifier -2%		9887			-1,090	
Premium Discount 12.4%		0063			-6,626	
Expense Constant		0900			0	
Terrorism		9740			440	
Catastrophe (other than Terrorism)		9741			440	
Total KY Premium					47,687	
All Employers Special Fund Assessment 5.51%		9999			<u>2,628</u>	
Total KY Cost						50,315

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<b>Louisiana</b>						
Electrical Wiring—within Buildings & Drivers	2	5190	473,000	4.43		<u>20,954</u>
Manual Premium						20,954
Total Manual Premium						20,954
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812				293
Total Premium Subject to Experience Modification						21,247
Experience Modification 75%						15,935
Schedule Modifier -2%		9887				-319
Premium Discount 12.4%		0063				-1,936
Expense Constant		0900				0
Terrorism		9740				95
Catastrophe (other than Terrorism)		9741				95
Total LA Premium						<u>13,870</u>
Total LA Cost						13,870

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<b>Massachusetts</b>					
Storage Warehouse NOC	2	8292	4,166,000	3.46	144,144
Clerical Office Employees NOC	2	8810	1,887,000	0.08	1,510
MA LCM Deviation	0	9037		0.00	
Manual Premium					145,654
Total Manual Premium					145,654
Premium for Increased Limits Part Two: 2% (1000/1000/1000)		9812			2,913
Total Premium Subject to Experience Modification					148,567
Experience Modification 75%					111,425
Premium Discount 12.2%		0063			-13,594
Expense Constant		0900			338
Foreign Terrorism		9740			1,816
Total MA Premium					99,985
DIA Assessment 5.75%		9751			6,281
Total MA Cost					106,266

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ITEM 4: SCHEDULE OF PREMIUMS****Maryland**

Storage Warehouse NOC	2	8292	232,000	5.68	13,178
Clerical Office Employees NOC	1	8810	616,000	0.17	<u>1,047</u>
Manual Premium					14,225
Total Manual Premium					14,225
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			156
Total Premium Subject to Experience Modification					14,381
Experience Modification 75%					10,786
Schedule Modifier -2%		9887			-216
Premium Discount 12.4%		0063			-1,311
Expense Constant		0900			0
Terrorism		9740			424
Catastrophe (other than Terrorism)		9741			170
Total MD Premium					<u>9,853</u>
Total MD Cost					9,853

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ITEM 4: SCHEDULE OF PREMIUMS****Maine**

Clerical Office Employees NOC	2	8810	1,000	0.42	<u>4</u>
Manual Premium					4
Total Manual Premium					4
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					4
Experience Modification 75%					3
Schedule Modifier -2%		9887			0
Premium Discount 12.4%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total ME Premium					3
Workers Compensation Board Assessment 2.49%		9999			<u>0</u>
Total ME Cost					3

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ITEM 4: SCHEDULE OF PREMIUMS**

<b>Michigan</b>						
Food Sundries Mfg. NOC	2	6504	110,000	2.89		3,179
Warehousing NOC	2	8292	26,000	4.52		1,175
Clerical Office Employees NOC	2	8810		0.14		
Manual Premium						<u>4,354</u>
Total Manual Premium						4,354
Premium for Increased Limits Part Two: 2.8% (1000/1000/1000)		9812				122
Total Premium Subject to Experience Modification						4,476
Experience Modification N/A						4,476
Merit Rating Credit 0%		9889				0
Schedule Modifier -2%		9887				-90
Premium Discount 6%		0063				-263
Expense Constant		0900				0
Total MI Premium						<u>4,123</u>
Total MI Cost						4,123

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ITEM 4: SCHEDULE OF PREMIUMS****Minnesota**

BREAKFAST FOOD MFG.	2	2016	689,000	4.32	29,765
FOOD SUNDRIES MFG. NOC	2	6504	292,000	3.73	10,892
STORAGE WAREHOUSE: NOC	2	8292	2,205,000	4.99	110,030
CLERICAL OFFICE EMPLOYEES NOC	2	8810	113,000	0.19	215
Manual Premium					150,902
Total Manual Premium					150,902
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			1,660
Total Premium Subject to Experience Modification					152,562
Experience Modification 75%					114,421
Schedule Modifier -2%		9887			-2,288
Premium Discount 12.2%		0063			-13,680
Expense Constant		0900			0
Foreign Terrorism		9740			660
Total MN Premium					99,113
Special Compensation Fund 4.2977%		0174			4,917
Total MN Cost					104,030

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ITEM 4: SCHEDULE OF PREMIUMS****Missouri**

Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	267,000	1.24	3,311
Cable Installation (In Conduits or Subways) & Drivers	1	5190		4.13	
Storage Warehouse NOC	2	8292		5.02	
Manual Premium					3,311
Total Manual Premium					3,311
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			36
Total Premium Subject to Experience Modification					3,347
Experience Modification 75%					2,510
Schedule Modifier -2%		9887			-50
Premium Discount 12.4%		0063			-305
Expense Constant		0900			0
Terrorism Risk Insurance Act		9740			27
Administrative Surcharge 1%		9999			0
Total MO Premium					2,182
Second Injury Fund Surcharge 3%		9999			65
Second Injury Fund-Supplemental 3%		9999			65
Total MO Cost					2,312

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ITEM 4: SCHEDULE OF PREMIUMS****Mississippi**

Breakfast Food Mfg.	2	2016	192,000	2.78	5,338
Precision Machined Parts Mfg. NOC	2	3629	1,243,000	2.64	32,815
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	530,000	0.81	4,293
Store: Florist & Drivers	2	8001	172,000	2.66	4,575
Store: Wholesale NOC	2	8018	437,000	2.69	11,755
Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	2	8032	56,000	3.33	1,865
Mailing or Addressing Company or Letter Service Shop	2	8800	422,000	1.66	7,005
Clerical Office Employees NOC	2	8810	109,000	0.30	327
Manual Premium					67,973
Total Manual Premium					67,973
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			748
Total Premium Subject to Experience Modification					68,721
Experience Modification 75%					51,541
Schedule Modifier -2%		9887			-1,031
Premium Discount 12.4%		0063			-6,263
Expense Constant		0900			0
Terrorism		9740			316
Catastrophe (other than Terrorism)		9741			316
Total MS Premium					44,879
Total MS Cost					44,879

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ITEM 4: SCHEDULE OF PREMIUMS****Montana**

Clerical Office Employees NOC	2	8810	2,000	0.63	<u>13</u>
Manual Premium					13
Total Manual Premium					13
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					13
Experience Modification 75%					10
Schedule Modifier -2%		9887			0
Premium Discount 12.4%		0063			-1
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total MT Premium					9
Administrative Fund Premium Surcharge 1.9775%		0939			0
Subsequent Injury Fund Surcharge 0.2084%		0935			<u>0</u>
Total MT Cost					9

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ITEM 4: SCHEDULE OF PREMIUMS****North Carolina**

Automotive Machine Shop	2	3632	608,000	3.89	23,651
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	573,000	7.62	43,663
Building Material Dealer—New Materials Only: Store Employees	2	8058	10,265,000	3.90	400,335
Storage Warehouse NOC	2	8292	1,491,000	4.80	71,568
Computer System Designers or Programmers: Exclusively Office	2	8810		0.20	
Manual Premium					539,217
Total Manual Premium					539,217
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			5,931
Total Premium Subject to Experience Modification					545,148
Experience Modification 75%					408,861
Schedule Modifier -2%		9887			-8,177
Premium Discount 12.4%		0063			-49,685
Expense Constant		0900			0
Terrorism		9740			2,587
Catastrophe (other than Terrorism)		9741			2,587
Total NC Premium					356,173
Total NC Cost					356,173

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ITEM 4: SCHEDULE OF PREMIUMS****Nebraska**

Storage Warehouse NOC	2	8292	1,095,000	4.90	<u>53,655</u>
Manual Premium					53,655
Total Manual Premium					53,655
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			590
Total Premium Subject to Experience Modification					54,245
Experience Modification 75%					40,684
Premium Discount 12.4%		0063			-5,045
Expense Constant		0900			0
Terrorism		9740			219
Catastrophe (other than Terrorism)		9741			219
Total NE Premium					<u>36,077</u>
Total NE Cost					36,077

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Storage Warehouse NOC	2	8292		5.91	
Clerical Office Employees NOC	2	8810	56,000	0.27	151
Manual Premium					151
Total Manual Premium					151
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					153
Experience Modification 75%					115
Schedule Modifier -2%		9887			-2
Premium Discount 12.4%		0063			-14
Expense Constant		0900			0
Terrorism		9740			11
Catastrophe (other than Terrorism)		9741			11
Total NH Premium					121
Total NH Cost					121

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ITEM 4: SCHEDULE OF PREMIUMS****New Jersey**

Electrical Wiring—within Buildings - & Drivers	2	5190		6.23	
Storage Warehouse NOC	2	8292	2,210,000	12.58	278,018
Salespersons - Outside	2	8742	53,000	0.51	270
Clerical Office Employees NOC	2	8810	113,000	0.28	316
Manual Premium					278,604
Total Manual Premium					278,604
Premium for Increased Limits Part Two: 1.4% (\$1,000,000/\$1,000,000/\$1,000,000)		6199			3,900
Total Premium Subject to Experience Modification					282,504
Experience Modification 75%					211,878
Schedule Modifier -2%		9887			-4,238
Premium Discount 10.9%		0063			-22,633
Expense Constant		0900			0
Terrorism 3%		9740			713
Catastrophe (other than Terrorism) 1%		9741			238
Total NJ Premium					185,958
Second Injury Fund Surcharge 5.81%		0935			12,310
Total NJ Cost					198,268

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ITEM 4: SCHEDULE OF PREMIUMS****New Mexico**

Food Sundries Mfg. NOC - No Cereal Milling	2	6504	49,000	7.47	<u>3,660</u>
Manual Premium					3,660
Total Manual Premium					3,660
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			40
Total Premium Subject to Experience Modification					3,700
Experience Modification 75%					2,775
Schedule Modifier -2%		9887			-55
Premium Discount 12.4%		0063			-337
Expense Constant		0900			0
Terrorism		9740			20
Total NM Premium					<u>2,403</u>
Total NM Cost					2,403

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ITEM 4: SCHEDULE OF PREMIUMS****New York**

Electrical Wiring—Within Buildings—& Drivers	2	5190		8.61	
Warehouse NOC	2	8292	288,000	11.44	32,947
Manual Premium					32,947
Total Manual Premium					32,947
Premium for Increased Limits Part Two: 0% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					32,947
Experience Modification 75%					24,710
Schedule Modifier -2%		9887			-494
Premium Discount 7%		0063			-1,695
Expense Constant		0900			0
Terrorism		9740			202
Natural Disasters and Catastrophic industrial Accidents		9741			29
Total NY Premium					22,752
New York State Assessment 12.9%		0932			3,154
Total NY Cost					25,906

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ITEM 4: SCHEDULE OF PREMIUMS****Oklahoma**

Storage Warehouse NOC	2	8292	100	4.51	<u>5</u>
Manual Premium					5
Total Manual Premium					5
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					5
Experience Modification 75%					4
Schedule Modifier -2%		9887			0
Premium Discount 14.4%		0063			-1
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total OK Premium					<u>3</u>
Total OK Cost					3

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ITEM 4: SCHEDULE OF PREMIUMS****Oregon**

Store: Wholesale NOC	2	8018	56,000	3.16	<u>1,770</u>
Manual Premium					1,770
Total Manual Premium					1,770
Premium for Increased Limits Part Two: 0.4% (1000/1000/1000)		9812			7
Total Premium Subject to Experience Modification					1,777
Experience Modification 75%					1,333
Premium Discount 7%		0063			-93
Expense Constant		0900			0
Terrorism		9740			11
Catastrophe (other than Terrorism)		9741			11
Total OR Premium					1,262
Premium Assessment Rate 6.2%		9999			<u>78</u>
Total OR Cost					1,340

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ITEM 4: SCHEDULE OF PREMIUMS****Pennsylvania**

Electrical Wiring—within Buildings	2	661		4.86	
Employment Contractor - Electrical Wiring	2	695	421,000	6.58	<u>27,702</u>
Manual Premium					27,702
Total Manual Premium					27,702
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			388
Total Premium Subject to Experience Modification					28,090
Experience Modification N/A					28,090
Schedule Modifier -2%		9887			-562
Premium Discount 14.4%		0063			-3,964
Expense Constant		0900			0
Terrorism		9740			126
Catastrophe (other than Terrorism)		9741			84
Total PA Premium					23,774
PA Employers Assess. for Subsequent Inj. 1.7%		0938			<u>404</u>
Total PA Cost					24,178

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****South Carolina**

Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	1,167,000	1.85	21,590
Electrical Wiring—within Buildings & Drivers	2	5190		8.15	
Storage Warehouse NOC	2	8292		7.69	
Manual Premium					21,590
Total Manual Premium					21,590
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			237
Total Premium Subject to Experience Modification					21,827
Experience Modification 75%					16,370
Schedule Modifier -2%		9887			-327
Premium Discount 12.4%		0063			-1,989
Expense Constant		0900			0
Terrorism		9740			233
Catastrophe (other than Terrorism)		9741			233
Total SC Premium					14,520
Total SC Cost					14,520

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>South Dakota</b>						
Clerical Office Employees NOC	2	8810	1,000	0.29		<u>3</u>
Manual Premium						3
Total Manual Premium						3
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812				0
Total Premium Subject to Experience Modification						3
Experience Modification 75%						2
Schedule Modifier -2%		9887				0
Premium Discount 12.4%		0063				0
Expense Constant		0900				0
Terrorism		9740				0
Catastrophe (other than Terrorism)		9741				0
Total SD Premium						<u>2</u>
Total SD Cost						2

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Tennessee**

Food Sundries Mfg. NOC - No Cereal Milling	2	6504	91,000	3.10	2,821
Storage Warehouse NOC	2	8292	1	3.26	
Manual Premium					2,821
Total Manual Premium					2,821
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			39
Total Premium Subject to Experience Modification					2,860
Experience Modification 75%					2,145
Premium Discount 12.4%		0063			-266
Expense Constant		0900			0
Terrorism		9740			18
Catastrophe (other than Terrorism)		9741			27
Total TN Premium					1,924
Total TN Cost					1,924

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Virginia**

Machine Shop NOC	2	3632	137,000	3.38	4,631
Store: Wholesale NOC	2	8018	10,000	3.47	347
Building Material Dealer—New Materials Only:					
Store Employees	2	8058	3,617,000	3.71	134,191
Storage Warehouse NOC	2	8292	2,752,000	3.34	91,917
Clerical Office Employees NOC	2	8810	161,000	0.14	225
Manual Premium					231,311
Total Manual Premium					231,311
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,544
Total Premium Subject to Experience Modification					233,855
Experience Modification 75%					175,391
Premium Discount 12.4%		0063			-21,748
Expense Constant		0900			0
Terrorism		9740			3,338
Total VA Premium					156,981
Total VA Cost					156,981

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Vermont**

Clerical Office Employees NOC	2	8810	8,000	0.34	<u>27</u>
Manual Premium					27
Total Manual Premium					27
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					27
Experience Modification 75%					20
Premium Discount 12.4%		0063			-2
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total VT Premium					22
Workers Comp Administration Fund 1.45%		0939			0
Technoioigicai Fund 0.16%		9999			<u>0</u>
Total VT Cost					22

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Wisconsin**

Breakfast Food Mfg.	2	2016	5,473,000	2.13	116,575
Printing	2	4299	433,000	2.65	11,475
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	47,000	1.35	635
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	172,000	4.08	7,018
Storage Warehouse NOC	2	8292	1,198,000	7.48	89,610
Clerical Office Employees NOC	2	8810	670,000	0.25	1,675
Manual Premium					226,988
Total Manual Premium					226,988
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,497
Total Premium Subject to Experience Modification					229,485
Experience Modification N/A					229,485
Premium Discount 12.2%		0063			-27,997
Expense Constant		0900			0
Terrorism		9740			1,599
Catastrophe (other than Terrorism)		9741			799
Total WI Premium					203,886
Total WI Cost					203,886

**Wesco Insurance Company**

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>West Virginia</b>					
Storage Warehouse NOC	2	8292	60,000	2.41	<u>1,446</u>
Manual Premium					1,446
Total Manual Premium					1,446
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			20
Total Premium Subject to Experience Modification					1,466
Experience Modification 75%					1,099
Premium Discount 12.4%		0063			-136
Expense Constant		0900			0
Terrorism		9740			6
Catastrophe (other than Terrorism)		9741			6
Total WV Premium					975
WV Regulatory Surcharge 5%		9999			49
WV Deficit Reduction Surcharge 9%		9999			<u>88</u>
Total WV Cost					1,112
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>33,316,855</b>
<b>STATE ASSESSMENT</b>					<b>876,184</b>
<b>TOTAL COST</b>					<b>34,193,039</b>

Wesco Insurance Company

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**PAYMENT SCHEDULE**

Statement Closing Date	Payment Due Date	Description	Amount Due
	6/30/2016	Downpayment	\$3,419,312.00
	7/31/2016	Installment 1 of 9	\$3,419,303.00
	8/31/2016	Installment 2 of 9	\$3,419,303.00
	9/30/2016	Installment 3 of 9	\$3,419,303.00
	10/31/2016	Installment 4 of 9	\$3,419,303.00
	11/30/2016	Installment 5 of 9	\$3,419,303.00
	12/31/2016	Installment 6 of 9	\$3,419,303.00
	1/31/2017	Installment 7 of 9	\$3,419,303.00
	2/28/2017	Installment 8 of 9	\$3,419,303.00
	3/31/2017	Installment 9 of 9	\$3,419,303.00
			<hr/>
			Total Cost \$34,193,039.00

Printed: 7/5/2016

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION****A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**B. Who Is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

**D. State**

State means any state of the United States of America, and the District of Columbia.

**E. Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE****WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

**C. We Will Defend**

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits. We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

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3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

**G. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

**H. Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

**PART TWO****EMPLOYERS LIABILITY INSURANCE****A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 00 00 00 A****3 of 6**

2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**B. We Will Pay**

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This insurance does not cover:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. bodily injury intentionally caused or aggravated by you;
6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901–950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901–942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51–60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. bodily injury to a master or member of the crew of any vessel;
11. fines or penalties imposed for violation of federal or state law; and
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801–1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 00 00 00 A****4 of 6****D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against your for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits. We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**E. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident. A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee. Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE****OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 00 00 00 A****5 of 6**

3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR****YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE—PREMIUM****A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

**B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

**C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

**D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

**E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 00 00 00 A****6 of 6**

classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy. If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

**F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

**G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**PART SIX—CONDITIONS****A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent. If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

**IMPORTANT NOTICE**  
**CALIFORNIA WORKERS COMPENSATION**  
**REGARDING YOUR INSURANCE POLICY**

This policy, including all endorsements or riders forming a part thereof, constitutes the entire contract of insurance. No condition, provision, agreement, or understanding not set forth in the policy or in such endorsement or rider shall affect such contract or any rights, duties, or privileges arising therefrom.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY FORM PP-1B****NEW JERSEY****NOTICE OF ELECTION - PROPRIETORS AND PARTNERS  
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE**

The New Jersey Workers' Compensation Law was amended effective April 13, 2000. The amendment permits **election** by a self-employed person or partners of any partnership including partners of a limited liability partnership and members of a limited liability company actively performing services on behalf of the business to be deemed employees for the purpose of receipt of benefits and the payment of premiums. This election does not affect the insurance obligations for employees other than the self-employed person, partners or members.

The election must be made at the time the policy is purchased or renewed and must be effective at the inception date of the policy. It is important to note that the election cannot be rescinded during the policy period and that in the case of any partnership including a limited liability partnership or limited liability company, **ALL** of the partners or **ALL** of the members must elect the coverage. You will be required to pay a premium based on the remuneration and duties of the self-employed person or each partner or each member.

The insurer or insurance producer shall not be liable in an action for damages on account of the failure of a business, limited liability partnership, limited liability company or partnership to elect to obtain workers' compensation coverage for a self-employed person, limited liability partner, limited liability company member or partner, unless the insurer or insurance producer causes damage by a willful, wanton or grossly negligent act of commission or omission.

Whether electing or rejecting coverage, it will be necessary to complete all of the information requested below. This completed form must then be returned to the insurer/producer. A copy of this Notice and proof of mailing should be retained for your records. If you received this form in relation to a renewal of insurance, and fail to execute and return it to the insurer/producer, coverage will continue as per the expiring policy.

Personnel Staffing Group, LLC <b>NAME OF BUSINESS</b> DBA: Barnett Management		WWC3216474	<b>Always complete this section</b>
<b>COVERAGE IS ELECTED</b> _____ <b>COVERAGE IS REJECTED</b> _____ <b>BUSINESS IS A CORPORATION OR OTHER FORM OF ORGANIZATION</b> _____			

Name(s) of Proprietor or ALL Partners (please print)	Estimated Annual Wage	Duties	<b>Complete this section only when coverage is elected</b>
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	

<b>Signature:</b> _____ Proprietor or a Partner	<b>Date:</b> _____	<b>Always complete this section</b>

### **TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

#### **Definitions**

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005. "Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or an United States missions or to certain air carriers or vessels.

"Insurer deductible" means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006 and ending on December 31, 2006, an amount equal to 17.5% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007 and ending on December 31, 2007, an amount equal to 20% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

#### **Limitation of Liability**

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 01 13**

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**Policyholder Disclosure Notice**

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our insurer deductible.
2. The premium charged for the coverage this policy provides for insured terrorism or war losses is included in the amount shown in Item 4 of the Information Page or in the Schedule in the Foreign Terrorism Premium Endorsement. (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC000113
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

### Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26<sup>th</sup>, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements.

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

### Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

### Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC000113A
Insured	Personnel Staffing Group, LLC	Premium \$	33316855		
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 04 03**

(Ed. 4-84)

**EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured Personnel Staffing Group, LLC

Policy No. WWC3216474

Endorsement No.  
Premium \$33,316,855

Insurance Company

Countersigned by \_\_\_\_\_

**WC 00 04 03**  
(Ed. 4-84)

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**PENDING RATE CHANGE ENDORSEMENT**

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

**Schedule****State**

AL, AR, AZ, CA, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NY, OK, OR, PA, SC, SD, TN, VA, VT, WI, WV

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC000404
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**PREMIUM DISCOUNT ENDORSEMENT**

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

## Schedule

1. State	Estimated Eligible Premium			
	First \$5,000	Next \$190,000	Next \$1,550,000	Balance
Alabama	0%	9.5%	11.9%	12.4%
Arkansas	0%	9.5%	11.9%	12.4%
California	0%	3.5%	5%	7%
Connecticut	0%	9.5%	11.9%	12.4%
Delaware	0%	9.5%	11.9%	12.4%
Georgia	0%	3.5%	5%	7%
Kansas	0%	9.5%	11.9%	12.4%
Kentucky	0%	9.5%	11.9%	12.4%
Louisiana	0%	9.5%	11.9%	12.4%
Maryland	0%	9.5%	11.9%	12.4%
Maine	0%	9.5%	11.9%	12.4%
Michigan	0%	2%	4%	6%
Minnesota	0%	9.1%	11.3%	12.3%
Missouri	0%	9.5%	11.9%	12.4%
Mississippi	0%	9.5%	11.9%	12.4%
Montana	0%	9.5%	11.9%	12.4%
North Carolina	0%	9.5%	11.9%	12.4%
Nebraska	0%	9.5%	11.9%	12.4%
New Hampshire	0%	9.5%	11.9%	12.4%
New Mexico	0%	9.5%	11.9%	12.4%
New York	0%	3.5%	5%	7%
Oklahoma	0%	10.9%	12.6%	14.4%
Oregon	0%	3.5%	5%	7%
Pennsylvania	0%	10.9%	12.6%	14.4%
South Carolina	0%	9.5%	11.9%	12.4%
South Dakota	0%	9.5%	11.9%	12.4%
Tennessee	0%	9.5%	11.9%	12.4%
Virginia	0%	9.5%	11.9%	12.4%
West Virginia	0%	9.5%	11.9%	12.4%

2. Average percentage discount: 11.0%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC000406
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

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**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC000414
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**PREMIUM DUE DATE ENDORSEMENT**

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE  
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	Policy No. WWC3216474	Endorsement No.
Insured Personnel Staffing Group, LLC		Premium \$33,316,855
Insurance Company	Countersigned by _____	

**WC 00 04 19**  
(Ed. 1-01)

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Catastrophe (other than Certified Acts of Terrorism):** Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
  - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

		<b>Schedule</b>			
		<b>State</b>	<b>Rate</b>	<b>Premium</b>	
AL		0.02		\$22.00	
AR		0.02		\$2.00	
AZ		0.01		\$21.00	
CT		0.01		\$1.00	
DE		0.02		\$63.00	
GA		0.02		\$2,362.00	
IA		0.01		\$489.00	
ID		0.01		\$0.00	
IL		0.01		\$10,904.00	
IN					
KS					
KY					
LA	This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.				
ME	(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)				
MS	Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.
MT	Insured	Personnel Staffing Group, LLC			WC 00 04 21 D
NC	Insurance Company	Wesco Insurance Company		Premium \$	33316855
NE	Countersigned by _____				
NH	WC 00 04 21 D				
NJ	(Ed. 01-15)				
NY	© Copyright 2015 National Council on Compensation Insurance, Inc. All Rights Reserved.				
OK		0.02		\$0.00	
OR		0.02		\$11.00	
PA		0.02		\$84.00	

**FOREIGN TERRORISM PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of an act of foreign terrorism.

Your policy provides coverage for workers compensation losses caused by acts of foreign terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of foreign terrorism is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

State	Rate per \$100 of payroll
AL	0.02
AR	0.02
AZ	0.010
CA	0.03
CT	0.010
DE	0.02
GA	0.02
IA	0.02
ID	0.02
IL	0.05
IN	0.010
KS	0.02
KY	0.02
LA	0.02
MD	0.05
ME	0.02
MI	0
MN	0.02
MS	0.010
MT	0.02
NC	0.02
NE	0.02
NH	0.02

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 00 04 22
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
  - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

State	Schedule Rate	Premium
AL	0.02	\$22.00
AR	0.02	\$2.00
AZ	0.010	\$21.00
CT	0.010	\$1.00
DE	0.02	\$63.00
GA	0.02	\$2,362.00
IA	0.02	\$977.00
ID	0.02	\$1.00
IL	0.05	\$54,522.00
IN	0.010	\$118.00
KS	0.02	\$96.00
KY	0.02	\$440.00
LA	0.02	\$95.00
MD	0.05	\$424.00
ME	0.02	\$0.00
MN	0.02	\$660.00
MO	0.010	\$27.00
MS	0.010	\$316.00
MT	0.02	\$0.00
NC	0.02	\$2,587.00
NE	0.02	\$219.00
NH	0.02	\$11.00
NJ	0.03	\$713.00
NY	0.07	\$202.00
OK	0.02	\$0.00
OR	0.02	\$11.00
PA	0.03	\$126.00
SC	0.02	\$233.00
SD	0.02	\$0.00
TN	0.02	\$18.00
VA	0.05	\$3,338.00
VT	0.02	\$2.00
WI	0.02	\$1,599.00
WV	0.010	\$6.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
 (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 00 04 22
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

WC 00 04 22  
 (Ed. 01-15)

**ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Policy Information Page.

This endorsement provides notice that premium for your policy may be affected by the Arizona Alcohol- and Drug-Free Workplace Premium Credit Program.

You may qualify for a 5% premium credit if you have established and maintain a qualifying alcohol- and drug-free workplace program in accordance with Title 23, Chapter 2, Article 14 of Arizona Statutes.

We will determine your eligibility for this premium credit after total premium has been paid for the policy period and may be revised at the time your final premium audit is processed.

The determination that you have a qualifying program must be made each year that you receive the premium credit. To implement a premium credit program, the following guidelines must be established:

1. Insurers offering the premium credit program may apply a 5% premium credit to qualifying employers.
2. To receive the premium credit, you must:
  - a. File an alcohol- and drug-free workplace program with the Industrial Commission prior to or within 30 days after the beginning of the policy period of each year, and provide a written statement to the insurer certifying that the business has implemented a program meeting the requirements of Title 23, Chapter 2, Article 14.
  - b. Provide information to the insurer, as required, to confirm that a qualifying program has been established and is being maintained.
  - c. Comply with the alcohol and drug testing policy requirements in accordance with Title 23, Chapter 2, Article 14.
  - d. Conduct alcohol and drug testing of prospective employees.
  - e. Conduct alcohol and drug testing of an employee after the employee has been injured.
  - f. Allow us to have access to the alcohol and drug testing results under d. and e. above.
3. Your certification and any other information relied upon by the insurer in granting the premium credit must be kept in the insurer's underwriting files and made available to the Department of Insurance upon request.
4. The premium credit may be applied after total premium has been paid for the policy period and may be revised at final audit to the employer's policy. The credit is applicable as a supplement to deviated rates and is applied in a multiplicative manner, after the application of the experience modification, and before the application of premium discounts.
5. You must reimburse the premium credit if it is determined that you were not in compliance with the provisions of the program.
6. Minimum premium policies are eligible for this premium credit.
7. Residual market employers are eligible to apply for this premium credit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC020401A
Insured	Personnel Staffing Group, LLC	Premium \$	33316855		
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**ARIZONA CANCELATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy if you fail to pay premium when due. We must mail or deliver to you and the Industrial Commission of Arizona not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in cancellation notice.

**ARKANSAS AMENDATORY ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Arkansas is shown in Item 3.A. of the Information Page.

**Part Two—Employers Liability Insurance****C. Exclusions**

## 2. Is replaced by:

punitive or exemplary damages because of bodily injury to an employee employed in violation of law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

**Part Six—Conditions****D. Cancellation** is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient notice.
3. The policy period will end on the day and hour stated in the cancellation notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC030601A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT – CALIFORNIA**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (Including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amounts shown in Item 4 of the Information Page or in the Schedule in the Terrorism Premium Endorsement – California (WC 04 04 16), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC040104
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**POLICY AMENDATORY ENDORSEMENT – CALIFORNIA**

It is agreed that, anything in the policy to the contrary notwithstanding, such insurance as is afforded by this policy by reason of the designation of California in Item 3 of the Information Page is subject to the following provisions:

1. **Minors Illegally Employed – Not Insured.** This policy does not cover liability for additional compensation imposed on you under Section 4557, Division IV, Labor Code of the State of California, by reason of injury to an employee under sixteen years of age and illegally employed at the time of injury.
2. **Punitive or Exemplary Damages – Uninsurable.** This policy does not cover punitive or exemplary damages where insurance of liability therefor is prohibited by law or contrary to public policy.
3. **Increase in Indemnity Payment – Reimbursement.** You are obligated to reimburse us for the amount of increase in indemnity payments made pursuant to Subdivision (d) of Section 4650 of the California Labor Code, if the late indemnity payment which gives rise to the increase in the amount of payment is due less than seven (7) days after we receive the completed claim form from you. You are obligated to reimburse us for any increase in indemnity payments not covered under this policy and will reimburse us for any increase in indemnity payment not covered under the policy when the aggregate total amount of the reimbursement payments paid in a policy year exceeds one hundred dollars (\$100).

If we notify you in writing, within 30 days of the payment, that you are obligated to reimburse us, we will bill you for the amount of increase in indemnity payment and collect it no later than the final audit. You will have 60 days, following notice of the obligation to reimburse, to appeal the decision of the insurer to the Department of Insurance.

4. **Application of Policy.** Part One, "Workers Compensation Insurance", A, "How This Insurance Applies", is amended to read as follows:

This workers compensation insurance applies to bodily injury by accident or disease, including death resulting therefrom. Bodily injury by accident must occur during the policy period. Bodily injury by disease must be caused or aggravated by the conditions of your employment. Your employee's exposure to those conditions causing or aggravating such bodily injury by disease must occur during the policy period.

5. **Rate Changes.** The premium and rates with respect to the insurance provided by this policy by reason of the designation of California in Item 3 of the Information Page are subject to change if ordered by the Insurance Commissioner of the State of California pursuant to Section 11737 of the California Insurance Code.
6. **Long Term Policy.** If this policy is written for a period longer than one year, all the provisions of this policy shall apply separately to each consecutive twelve-month period or, if the first or last consecutive period is less than twelve months, to such period of less than twelve months, in the same manner as if a separate policy had been written for each consecutive period.
7. **Statutory Provision.** Your employee has a first lien upon any amount which becomes owing to you by us on account of this policy, and in the case of your legal incapacity or inability to receive the money and pay it to the claimant, we will pay it directly to the claimant.
8. **Part Five, "Premium", E, "Final Premium",** is amended to read as follows:

The Premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

- a. if we cancel, final premium will be calculated pro rate based on the time this policy was in force, Final premium will not be less than the pro rate share of the minimum premium.
- b. If you cancel, final premium may be more than pro rate; it will be based on the time this policy was in force, and may be increased by our short-rate cancellation table and procedure. Final premium will not be less the pro rate share of the minimum premium

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 01 B

(Ed. 01-12)

It is further agreed that this policy, including all endorsements forming a part thereof, constitutes the entire contract of insurance. No condition, provision, agreement, or understanding not set forth in this policy or such endorsements shall affect such contract or any rights, duties, or privileges arising therefrom.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC040301B
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 04 03 60 B**  
**(Ed. 1-15)****EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT-CALIFORNIA**

The insurance afforded by Part Two (Employers' Liability Insurance) by reason of designation of California in item 3 of the information page is subject to the following provisions:

**A. "How This Insurance Applies,"** is amended to read as follows:**A. How This Insurance Applies**

This employers' liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury means a physical injury, including resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in California.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**E. The "Exclusions" section is modified as follows (all other exclusions in the "Exclusions" section remain as is):**

1. Exclusion 1 is amended to read as follows:
  1. liability assumed under a contract.
2. Exclusion 2 is deleted.
3. Exclusion 7 is amended to read as follows:
  7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, termination of employment, or any personnel practices, policies, acts or omissions.
4. The following exclusions are added:
  1. bodily injury to any member of the flying crew of any aircraft.
  2. bodily injury to an employee when you are deprived of statutory or common law defenses or are subject to penalty because of your failure to secure your obligations under the workers' compensation law(s) applicable to you or otherwise fail to comply with that law.
  3. liability arising from California Labor Code Section 2810.3 which relates to labor contracting.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 04 03 60 B
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 04 03 60 B**  
(Ed. 1-15)

**TERRORISM PREMIUM ENDORSEMENT — CALIFORNIA**

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of an act of terrorism.

Your policy provides coverage for workers compensation losses caused by acts of terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of terrorism is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<b>State</b>	<b>Rate per \$100 of payroll</b>
<b>California</b>	<b>0.03</b>

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC040416
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 04 06 01 A**  
**(Ed. 12-93)****CALIFORNIA CANCELATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

The cancellation condition in Part Six (Conditions) of the policy is replaced by these conditions:

**Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
  - a. Non-payment of premium;
  - b. Failure to report payroll;
  - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
  - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
  - e. Material misrepresentation made by you or your agent;
  - f. Failure to cooperate with us in the investigation of a claim;
  - g. Failure to comply with Federal or State safety orders;
  - h. Failure to comply with written recommendations of our designated loss control representatives;
  - i. The occurrence of a material change in the ownership of your business;
  - j. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
  - k. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
  - l. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in Items (g) through (l), we will give you 30 days advance written notice; however, we agree that in the event of cancellation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
4. The policy period will end on the day and hour stated in the cancellation notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 04 06 01 A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 04 06 01 A**  
(Ed. 12-93)

**CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

Section A, "How This Insurance Applies," of Part One, "Workers Compensation Insurance," is amended to read as follows:

This workers compensation insurance applies to injury by accident or injury by disease. Injury includes resulting death.

1. Injury by accident must occur during the policy period.
2. Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC060301
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT**

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

The amount shown on the Information Page for the Connecticut workers compensation fund assessment is required of you under Section 31-345 of the Connecticut General Statutes. We will pay these assessments to the Connecticut State Treasurer. The purpose of the assessment is to finance the expenses of administering the workers compensation laws.

THE AMOUNT SHOWN ON THE INFORMATION PAGE FOR THE CONNECTICUT SECOND INJURY FUND SURCHARGE IS REQUIRED OF YOU UNDER CONNECTICUT REGULATIONS TO FINANCE THE CONNECTICUT SECOND INJURY FUND. WE WILL PAY THIS SURCHARGE TO THE CONNECTICUT STATE TREASURER.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC060303C
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY****WC 06 06 01**

(Ed 1-03)

**CONNECTICUT NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Connecticut is shown in Item 3.A. of the Information Page.

Add the following to **Part Six—Conditions** of the policy:

**F. Nonrenewal**

We may elect not to renew the policy. Unless otherwise provided by Connecticut General Statutes Annotated Section 38a-323, we will provide you via registered mail, certified mail or by mail evidenced by a certificate of mailing, or deliver to the named insured at the address shown in the policy, at least sixty (60) days advance notice of our intention not to renew.

Mailing such notice to you at your address, shown in Item 1., of the Information Page, will be deemed sufficient notice under this section.

The notice of intent not to renew will state or be accompanied by a statement specifying the reason for such nonrenewal.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC060601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**DELAWARE NONRENEWAL ENDORSEMENT**

We may elect not to renew the policy. By certified mail we will mail to you, not less than 60 days advance written notice, when the nonrenewal will take effect. Mailing that notice to you at your mailing address, shown in Item 1 of the Information Page, will be sufficient to prove notice.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC070601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC090303
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

- A. The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.
- B. If the factor is an increase over that shown on the Information Page, it will apply as of the policy effective date; or if the anniversary rating date is different from the policy effective date it will apply as of the anniversary rating date. Your premium will be calculated:
1. Retroactively to the effective date of the policy or to the anniversary rating date if the adjustment is within the first 90 days of the policy period or the anniversary rating date;
  2. On a pro rata basis from the date we endorsed the policy if the adjustment is more than 90 days after the effective date of the policy or the anniversary rating date.
- The adjustment will be retroactive to the effective date of the policy period or to the anniversary rating date when:
- a. The change in experience modification is the result of a revision in your classifications;
  - b. The delay in the calculation of the experience modification is due to your failure to make available all your records for examination and audit as provided in Part Five-G (Audit) of the policy.
- C. If the factor is a decrease from that shown on the Information Page, it will apply retroactively to the policy effective date or the anniversary rating date if different from the policy effective date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC090402
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2015.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:
  - a. The act is an act of terrorism.
  - b. The act is violent or dangerous to human life, property or infrastructure.
  - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
  - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
  - b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

(Ed. 1-15)

2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

**Schedule**

Rate per \$100 of Remuneration 0.02

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC090403B
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT**

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC090606
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**GEORGIA CANCELTATION, NONRENEWAL AND CHANGE ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**D. Cancellation, Nonrenewal and Change**

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
  - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
  - b. If by statute, regulation or contract this policy may not be canceled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days notice to you and the third party as soon as practicable after receiving your request for cancellation.  
Our notice will state the effective date of cancellation, which will be the later of the following:
    - 1) 10 days from the date of mailing or delivering our notice, or
    - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase due to change in risk, exposure or experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.

**IDAHO ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT**

This endorsement provides notice that the final premium for your policy may be affected by the Idaho Alcohol- and Drug-Free Workplace Premium Credit Program.

The Idaho Department of Insurance has approved the use of up to a 5% premium credit for employers who have established and maintain a qualifying alcohol- and drug-free workplace program.

We will determine your eligibility for this premium credit at the time your final premium audit is processed.

The determination that an employer has a qualifying program must be made each year that the employer receives the premium credit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC110402
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**IDAHO COMPENSATION REIMBURSEMENT OPTION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Idaho is shown in Item 3.A. of the Information Page.

You have the option to reimburse us for benefits we pay in amounts up to \$1,000 per claim, subject to the following conditions:

1. We will pay all benefits of a compensable claim to the person or provider entitled to benefits regardless of your option to reimburse us for the claim. We may not delay payment of benefits due to your decision to reimburse us for the claim.
2. The making of such reimbursement does not constitute a waiver or transfer of our duty to determine entitlement to benefits.
3. In the event we recover any medical costs on a claim reimbursed pursuant to your option, we will repay you within 30 days an amount equal to recovered medical costs.
4. The claim to which a reimbursement by you applies may not exceed \$1,000 over the life of the claim. Should a claim exceed the \$1,000 limit after you have reimbursed a portion of the claim, we will notify you and return the reimbursement and adjust all reports accordingly within thirty (30) days.
5. You must report all accidents, injuries and losses to us regardless of your intent to reimburse us.
6. We will record and report all losses for the purpose of setting industry rates, but claims reimbursed pursuant to your option will not be reported for the purpose of determining your experience rating, and we will not otherwise increase your experience rating or otherwise make charges against you for any compensation reimbursed pursuant to your option.
7. Your current premium will not be reduced as a result of a reimbursed claim.
8. If you elect to exercise your reimbursement option, the procedure for reimbursement will be as follows:
  - a. Within 30 days following each three-month period after policy inception or a period mutually agreed upon by you and us, we will provide you with a list of all accepted nondisabling claims for which payments were made during that period and the respective cost of each claim.
  - b. No later than 30 days after receipt of the list, you must identify the claims and the dollar amount you elect to reimburse for that period, and you must reimburse us accordingly.
  - c. Your failure to reimburse us within the 30 days allowed will be deemed as notice to us that you have not elected to make any reimbursement for that period.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC110601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

### ILLINOIS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Illinois is shown in Item 3.A. of the Information Page.

Part Six (Conditions), Condition A. **Inspection**, Condition D. **Cancellation**, and Condition E. **Sole Representative** of the policy are replaced by these four Conditions.

#### Inspection

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes, or standards. The National Council on Compensation Insurance has the same rights we have under this provision.

#### Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured and to the broker or the agent of record advance written notice stating when the cancellation is to take effect.
3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
  - a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
  - b. At least 60 days before the cancellation is to take effect if the policy has been in force for more than 60 days.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
  - a. Nonpayment of premium.
  - b. The policy was issued because of a material misrepresentation.
  - c. You violated any of the material terms and conditions of the policy.
  - d. There are unfavorable underwriting factors, specific to you, that were not present when the policy took effect.
  - e. The Director has determined that we no longer have adequate reinsurance to meet our needs.
  - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.
5. Our notice of cancellation will state our reasons for canceling.
6. The policy period will end on the day and hour stated in the cancellation notice.

#### Nonrenewal

1. We may elect not to renew the policy. If we fail to give 60-days notice, the policy will automatically be extended for one year. The nonrenewal notice will be sent to your last known mailing address. We will maintain proof of mailing of the notice to not renew the policy. An exact and unaltered copy of such notice will also be sent to the insured's broker, if known, or the agent of record at the last mailing address known by the company.
2. Our notice of nonrenewal will state our reasons for not renewing.
3. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. You notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. You fail to pay all premiums when due; or
  - c. You obtain other insurance as a replacement of the policy.

WC 12 06 01 D

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

(Ed. 07-11)

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**Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, or give us notice of cancellation.

Part Five (Premium), Section G. **Audit** is replaced by this Section.

**Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC120601D
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

WC 12 06 01 D

(Ed. 07-11)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 14 06 02  
(Ed. 7-02)****IOWA EXECUTIVE OFFICERS, SOLE PROPRIETORS, PARTNERS,  
MEMBERS AND MANAGERS OF LIMITED LIABILITY COMPANIES AND  
OTHERS, BENEFIT LEVEL SELECTION ENDORSEMENT**

This endorsement applies only to the insurance provided to Executive Officers, Sole Proprietors, Partners, Members or Managers of Limited Liability Companies or Others by the policy because Iowa is shown in Item 3.A. of the Information Page.

The persons listed in this endorsement may select a level of payroll for benefit calculation purposes within the minimum and maximum payroll amounts as listed on the state Miscellaneous Values pages.

If no selection is made on this form, the actual payroll for each person to which this endorsement applies, subject to the minimum and maximum limits listed on state Miscellaneous Values pages, will be used for benefit calculation.

The premium basis for the policy includes the payroll of such persons.

**Schedule****Persons****Selected Payroll for Benefit Determination**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 14 06 02
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**KANSAS FINAL PREMIUM ENDORSEMENT**

This endorsement changes how the final premium is determined. The change applies only to the premium charged because Kansas is shown in Item 3.A. of the Information Page

- Kansas final premium will not be less than the highest minimum premium for the classifications covered by this policy unless there are two or more classifications covered and the highest rated classification has less than \$500 payroll.
- When this occurs the final premium will not be less than one-half of the sum of the two highest minimum premiums for any classifications covered by the policy other than Clerical Office and Salespersons.
- When the highest rated classification has less than \$500 payroll and Standard Exception classifications are the only classifications showing payrolls, the final premium will not be less than the minimum premium for the classification showing the highest payroll.
- Final premium for a multiple state policy will be that of the state with the single highest minimum premium, even if that state is on an "if any" basis. If two or more states have the same highest minimum premium, the minimum premium is determined by the state with the largest amount of standard premium.
- Minimum premium is subject to final adjustment at audit and will be determined only on the basis of the classifications developing premium.
- If the final earned premium is less than the minimum premium determined at audit, then that minimum premium must be charged.
- If no classification develops premium, the final premium shall be a flat charge of \$200.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC150401A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**KANSAS CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Kansas is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by these two Conditions:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. If this policy has been in effect for 90 days or more, we may cancel only for one of the following reasons:
  - a. nonpayment of premium;
  - b. the policy was issued because of a material misrepresentation;
  - c. you violated any of the material terms and conditions of the policy;
  - d. there are unfavorable underwriting factors, specific to you, that were not present when the policy took effect;
  - e. the Commissioner has determined that our continuation of coverage could place us in a hazardous financial condition or in violation of the laws of Kansas; or
  - f. the Commissioner has determined that we no longer have adequate reinsurance to meet our needs.
4. Our notice of cancellation will state our reasons for canceling.
5. The policy period will end on the day and hour stated in the cancellation notice.

**Nonrenewal**

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice when the nonrenewal will take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. Our notice of nonrenewal will state our reasons for not renewing.

**KENTUCKY PART ONE WORKERS COMPENSATION INSURANCE ENDORSEMENT**

This endorsement modifies the insurance policy to which it is attached and applies to the insurance provided by this policy because Kentucky is shown in Item 3.A. of the Information Page.

F. 3. of Part One, Workers Compensation Insurance of the policy is replaced by the following:

**F. Payments You Must Make**

3. you fail to comply with a health or safety law or regulation; provided that, however, we are responsible for payment of any amounts in excess of the benefits regularly provided under the workers compensation law of this state if an accident is caused in any degree by the intentional failure of the employer to comply with any specific statute or lawful administrative regulation made thereunder, communicated to the employer and relative to the installation or maintenance of safety appliances or methods as provided in KRS 342.165(1); or

Except for any payments for which we are responsible as provided in Section F.3. above, if we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

**KENTUCKY CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

**Cancellation**

1. You may cancel this policy. You will deliver or mail advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will deliver or mail to you not less than 75 days advance written notice stating when the cancellation is to take effect and our reason or reasons for cancellation. If we cancel for nonpayment of premium or within 60 days of the date of issuance of the policy, we will deliver or mail this notice not less than 14 days prior to the effective date of cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. After coverage has been in effect more than 60 days or after the effective date of a renewal policy, we may not cancel the policy unless cancellation is based on one or more of the following reasons:
  - a. nonpayment of premium;
  - b. discovery of fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or presenting a claim under the policy;
  - c. discovery of willful or reckless acts or omissions on your part increasing any hazard originally insured;
  - d. changes in conditions after the effective date of the policy or any renewal substantially increasing any hazard originally insured;
  - e. a violation of any local fire, health, safety, building, or construction regulation or ordinance at any of your covered workplaces substantially increasing any hazard originally insured;
  - f. our involuntary loss of reinsurance for the policy;
  - g. a determination by the commissioner that the continuation of the policy would place us in violation of Kentucky insurance laws.

**Nonrenewal**

1. We may elect not to renew the policy. We will deliver or mail to you not less than 75 days advance written notice stating our intention not to renew and our reason or reasons for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will be deemed to be renewed for the ensuing policy period upon payment of the appropriate premium, and coverage will continue until you have accepted replacement coverage with another insurer, until you have agreed to the nonrenewal, or until the policy is canceled.
3. If we have delivered or mailed to you a renewal notice, bill, certificate, or policy not less than 30 days before the end of the current policy period clearly stating the amount and due date of the renewal premium charge, then the policy will terminate on the due date without further notice unless the renewal premium is received by us or our agent on or before the due date. If the policy terminates in this manner, we will deliver or mail to you within 15 days of termination at your mailing address shown in Item 1 of the Information Page a notice that the policy was not renewed and the date on which coverage ceased to exist. Proof of mailing of the renewal premium to us or our agent on or before the due date will constitute a presumption of receipt on or before the due date.
4. If we offer to renew the policy for a premium amount more than 25% greater than the premium amount for the current policy term for like coverage and like risks, we will deliver or mail to you and to your agent not less than 75 days advance written notice of the renewal premium amount. We may at our option, in order to comply with this requirement, extend the period of coverage of the current policy at the expiring premium.

**KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

**NOTICE OF YOUR RIGHTS**

If you believe that the rates or the rating system under this policy have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to us or the National Council on Compensation Insurance, Inc. (NCCI). We or NCCI has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, we or NCCI shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of your review. Your appeal is to be sent to:

Legal Division  
Department of Insurance  
P. O. Box 517  
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from us or NCCI. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may, after the hearing, issue a final order affirming, modifying or reversing our or NCCI's action.

**LOUISIANA DUTY TO DEFEND ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Louisiana is shown in Item 3.A of the Information Page.

The duty to defend provision of the policy is replaced by this provision.

**Part Two—Employer's Liability****D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

Our duty to defend ends when the limit of liability has been exhausted by the payment of a judgement or settlement.

## **LOUISIANA AMENDATORY ENDORSEMENT**

This endorsement applies only to the insurance provided by the Policy because Louisiana is shown in Item 3.A. of the Information Page.

### **PART FIVE—PREMIUM**

Section E., Final Premium of Part Five (Premium) of the policy is replaced by the following:

#### **E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way, unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be calculated using one of the following methods as listed in the Schedule of this endorsement:
  - a. Pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium, or
  - b. More than pro rata; it will be based on the time that this policy was in force, and increased by our short-rate cancellation procedure that has been filed with and approved by the commissioner. Final premium will not be less than the minimum premium.

### **PART SIX—CONDITIONS**

The **Cancellation** Condition of the policy is replaced by this Condition:

#### **D. Cancellation**

1. If coverage has not been in effect for sixty days and the policy is not a renewal, cancellation shall be effected by mailing or delivering a written notice to the first-named insured at the mailing address shown on the policy at least sixty days before the cancellation effective date, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium shall be mailed or delivered at least ten days prior to the effective date of cancellation. After coverage has been in effect for more than sixty days or after the effective date of a renewal policy, no insurer shall cancel a policy unless the cancellation is based on at least one of the following reasons:
  - a. Nonpayment of premium.
  - b. Fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy, or in presenting a claim under the policy.
  - c. Activities or omissions on the part of the named insured which change or increase any hazard insured against, including a failure to comply with loss control recommendations.
  - d. Change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision.
  - e. Determination by the commissioner of insurance that the continuation of the policy would jeopardize a company's solvency or would place the insurer in violation of the insurance laws of this state or any other state.
  - f. Violation or breach by the insured of any policy terms or conditions.
  - g. Such other reasons that are approved by the commissioner of insurance.

2. a. A notice of cancellation of insurance coverage by an insurer shall be in writing and shall be mailed or delivered to the first-named insured at the mailing address as shown on the policy. Notices of cancellation based on conditions 1.b. through 1.g. above shall be mailed or delivered at least thirty days prior to the effective date of the cancellation; notices of cancellations based upon condition 1.a. above shall be mailed or delivered at least ten days prior to the effective date of cancellation. The notice shall state the effective date of the cancellation.
- b. The insurer shall provide the first-named insured with a written statement setting forth the reason for the cancellation where the insured requests such a statement in writing and the named insured agrees in writing to hold the insurer harmless from liability for any communication giving notice of or specifying the reasons for a cancellation or for any statement made in connection with an attempt to discover or verify the existence of conditions which would be a reason for cancellation under this endorsement.
3. An insurer to provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance company or other entity pursuant to a power of attorney or other agreement executed by or on behalf of the insured.
4. An insurer may decide not to renew a policy if it delivers or mails to the first-named insured at the address shown on the policy written notice it will not renew the policy. Such notice of nonrenewal shall be mailed or delivered at least sixty days before the expiration date. Such notice to the insured shall include the insured's loss run information for the period the policy has been in force within, but not to exceed the last three years of coverage. If the notice is mailed less than sixty days before expiration, coverage shall remain in effect under the same terms and conditions until sixty days after notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date shall be considered pro rata based upon the previous year's rate. For purposes of this endorsement, the transfer of a policyholder between companies within the same insurance group shall not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage shall not be refusals to renew.
5. Notice of nonrenewal shall not be required if the insurer or a company within the same insurance group has offered to issue a renewal policy, or where the named insured has obtained replacement coverage or has agreed in writing to obtain replacement coverage.
6. If an insurer provides the notice described in paragraph 4 above and thereafter the insurer extends the policy for ninety days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. An insurer shall mail or deliver to the named insured at the mailing address shown on the policy written notice of any rate increase, change in deductible, or reduction in limits or coverage at least thirty days prior to the expiration date of the policy. If the insurer fails to provide such thirty-day notice, the coverage provided to the named insured at the expiring policy's rate, terms, and conditions shall remain in effect until notice is given or until the effective date of replacement coverage obtained by the named insured, whichever first occurs. For the purposes of this paragraph, notice is considered given thirty days following date of mailing or delivery of the notice. If the insured elects not to renew, any earned premium for the period of extension of the terminated policy shall be calculated pro rata at the lower of the current or previous year's rate. If the insured accepts the renewal, the premium increase, if any, and other changes shall be effective the day following the prior policy's expiration or anniversary date.
8. Paragraph 7 shall not apply to the following:
  - a. Changes in a rate or plan filed with the commissioner of insurance and applicable to an entire class of business.
  - b. Changes based upon the altered nature or extent of the risk insured.
  - c. Changes in policy forms filed and approved with the commissioner and applicable to an entire class of business.
  - d. Changes requested by the insured.
9. Proof of mailing of notice of cancellation, or of nonrenewal or of premium or coverage changes, to the named insured at the address shown in the policy, shall be sufficient proof of notice.

Section I., **Actions Against Us**, of Part Two (Employers Liability Insurance) of the policy is replaced by the following:

**I. Actions Against Us**

You may not bring an action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

This Condition is added to the policy:

**Your Right to Remove Agent**

We will not change or remove the agent of record who wrote this policy prior to the termination or renewal of this policy unless you request the change or removal. If you request the change or removal of the agent, we will notify the agent in writing 15 days in advance of the change or removal.

**Schedule**

1. If you cancel, final premium for this policy will be calculated: ☒ pro rata, or ☐ more than pro rata

**LOUISIANA COST CONTAINMENT ACT ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Louisiana is shown in Item 3.A. of the Information Page.

You may be eligible for a two (2) percent reduction in your premium if you attend a cost containment meeting conducted by the Occupational, Safety and Health Administration (OSHA) Section of the Office of Workers Compensation Administration. In order for you to receive the reduction, you must submit to us a certificate of attendance from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date you attended the cost containment meeting.

You may also be eligible for an additional five (5) percent reduction in your premium if you have attended a cost containment meeting and have subsequently satisfactorily implemented an occupational safety and health program prescribed by the OSHA Section. In order for you to receive the reduction, you must submit to us a Certificate of Satisfactory Implementation of Occupational, Safety and Health Program from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date of your certification.

**MAINE INSPECTION IMMUNITY ENDORSEMENT  
(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)**

**THE FOLLOWING LIMITS OUR LIABILITY**

We, the insurance company, our agents, employees, or service contractors, are not liable for damages from injury, death or loss occurring as a result of any act or omission in the furnishing of or the failure to furnish insurance inspection services related to, in connection with or incidental to the issuance or renewal of a policy of property or casualty insurance.

This exemption from liability does not apply:

- A. If the injury, loss or death occurred during the actual performance of inspection services and was proximately caused by our negligence or by the negligence of our agents, employees or service contractors;
- B. To any inspection services required to be performed under the provisions of a written service contract or defined loss prevention program;
- C. In any action against us, our agents, employees, or service contractors for damages proximately caused by our acts or omissions which are determined to constitute a crime, actual malice or gross negligence; or,
- D. If we fail to provide this written notice to the insured whenever a policy is issued or when new policy forms are issued upon renewal.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC180601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MAINE CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you and to the Workers Compensation Board not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice. If you have obtained a workers compensation and employers liability insurance policy from another insurance company, or have otherwise secured your obligation to provide compensation, and such insurance or other security becomes effective prior to the expiration of the notice period, the policy period will end on the effective date of such other insurance or security.
4. If this policy has been renewed or has been in effect for 60 days or more, we may cancel only for one of the following reasons:
  - a. Nonpayment of premium;
  - b. Fraud or a material misrepresentation was made in obtaining the policy, continuing the policy or presenting a claim under the policy;
  - c. The risk accepted when the policy was issued has substantially increased;
  - d. Your failure to comply with reasonable loss control recommendations;
  - e. A substantial breach of contractual duties, conditions or warranties under the policy;
  - f. The Superintendent has determined that continuation of the policy could jeopardize our solvency or place us in violation of the law.

**Nonrenewal**

We may elect not to renew the policy. We will mail or deliver to you not less than 30 days advance written notice. A post office certificate of mailing to you at your last known address will be conclusive proof of receipt of that notice on the third calendar day after mailing.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC180603A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MAINE FINAL PREMIUM AUDIT ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Part Five (Premium), Condition E, **Final Premium**, and Condition G, **Audit**, are changed by adding these Conditions:

**E. Final Premium**

We are required by Maine regulation to complete our final premium audit not later than 120 days after the policy period ends.

If we are unable to examine and audit your records because of your failure to cooperate, we will mail a advance written notice to you stating the reasons for our inability to establish the final premium. Your final premium will be established no later than 120 days from the time we are able to complete the examination and audit of your records.

If we have not established the final premium within the 120-day time limitation, we may not bill or collect any additional premium that exceeds the latest billed annual premium.

**G. Audit**

You may request a final premium audit to determine whether you are entitled to a refund, if we have not established the final premium within the 120-day time limit. You will mail or deliver written notice to us requesting the audit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC180604
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY  
WITHIN SEVEN DAYS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Employer's First Report of Occupational Injury or Disease, form WCB-1, required to be filed for injuries arising out of and in the course of an employee's employment that has caused the employee to lose a day's work shall be reported to and received by the Workers' Compensation Board within seven (7) days after the employer receives notice or knowledge of the injury, as provided by 39-A M.R.S.A. sec. 303. First Reports of Injury can be mailed, electronically submitted, or faxed to the Workers' Compensation Board at 207-287-5895.

Contact us immediately if an injury occurs that may be required to be reported to the Workers' Compensation Board.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC180606
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

Part Six—Conditions, Section D. (Cancellation) of the policy is replaced by the following:

**D. Cancellation and Nonrenewal**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
  - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days advance written notice stating when the cancellation will take effect.
  - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
  - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days' after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
  - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	
Insured	Personnel Staffing Group, LLC			Premium \$	\$33,316,855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MASSACHUSETTS TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This Endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments there to resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer deductible" means for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000. For aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding Item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is shown in Item 4 of the Information Page.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC200101
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Massachusetts is listed in Item 3.A. of the Information Page.

Our liability to you under Section 25 of Chapter 152 of the General Laws of Massachusetts is not subject to the limit of liability that applies to Part Two (Employers Liability Insurance).

**MASSACHUSETTS—ASSESSMENT CHARGE**

Massachusetts General Laws, Chapter 152, Section 65, as amended by Chapter 572 of the Acts of 1985, establishes a workers compensation special fund and a workers compensation trust fund.

On behalf of the Department of Industrial Accidents (DIA), the insurance company providing workers compensation coverage is required to bill and collect an assessment charge covering the special and trust funds from insured employers and remit the amounts collected to the State Treasury.

The assessment charge, which is determined by applying a rate (subject to annual change) to the standard premium developed under your policy, is shown as a separate item on the information page of the policy. The rate may be different for private employers and for the Commonwealth and its political subdivisions.

The income derived from the assessment charge will be used to fund the operating expenses of the DIA and to fund certain employee benefits as described in Chapter 152.

**MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Massachusetts is shown in item 3.A. of the Information Page.

**1. Rates and Premium**

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact your agent or us.

You may obtain pertinent rating information by submitting a written request to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this endorsement or to us at our company address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your classification, rates, premiums or audit results were determined. If we fail to grant or reject your request within thirty days after it is made or if you are not satisfied by the results of our review, you may submit a written request for review to the Workers' Compensation Rating and Inspection Bureau of Massachusetts ("WCRIBMA") at the address shown in this endorsement. If the WCRIBMA fails to grant or reject your request within thirty days after it is made or [i]f you are not satisfied with the results of the WCRIBMA review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

**2. Reserves or Settlements**

You may request a loss run, which contains reserve and settlement information for claims that relate to the premium for this policy. Such a request must be in writing and should be sent to our address shown on this endorsement. We will provide you with that information within thirty (30) days of receipt of your request, and at reasonable intervals thereafter.

If you have any questions or believe that we set unreasonable reserves or made unreasonable settlements that affected your premiums or losses, you may make a written request through your agent or directly to us for a meeting with our company representative. If you are not satisfied with the results of the meeting, you may make a written appeal to the Insurance Commissioner at the address shown on the endorsement.

**3. Named Insured**

You are responsible for immediately reporting all changes in name or legal status to us in writing at the company address shown in this Endorsement.

If you want to add a named insured or replace the named insured with another legal entity on any policy issued through the Massachusetts Assigned Risk Pool you must submit a new Assigned Risk Pool Application, including a Confidential Request for Information Form (ERM), to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this Endorsement.

**4. Insured's Mailing Address**

Notices relating to this Policy will be mailed or delivered to your mailing address. Your mailing address is that which is shown in Item 1 of the Information Page or in a change of address Endorsement to the Policy. You are responsible for notifying us in writing at the company address shown in this Endorsement about any change to your mailing address.

**Addresses**

The Workers' Compensation Rating and  
Inspection Bureau of Massachusetts  
Attention: Customer Service Department  
101 Arch Street, 5th Floor  
Boston, MA 02210  
[www.wcribma.org](http://www.wcribma.org)

Company Address  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

Commissioner of Insurance  
Division of Insurance  
Department of Banking and Insurance  
One South Station  
Boston, MA 02110

**MASSACHUSETTS PENDING PREMIUM CHANGE ENDORSEMENT**

A filing is being considered by the Massachusetts Division of Insurance which may result in premiums different from those shown on the policy. If it does, we will issue an endorsement to show the new premiums and their effective date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC200401
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 20 04 01**  
(Ed. 11-90)

**MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT**

Section D of Part Five of the Policy is replaced by this provision:

**PART FIVE  
PREMIUM**

D. **Premium Payments** is amended to read:

You ~~will~~ pay all premium when due. You ~~will~~ pay the premium even if part or all of a workers compensation law is not valid. **The audit and retrospective premiums shall be paid by the due date indicated on the billing statement.**

**MASSACHUSETTS CANCELLATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Massachusetts is shown in item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

**Cancellation**

1. You may cancel this policy by mailing or delivering to us advance written notice requesting cancellation. Such cancellation shall not be effective until ten days after written notice is given by us to The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
2. We may cancel this policy only if based on one or more of the following reasons: (i) nonpayment of premium; (ii) fraud or material misrepresentation affecting your policy; or (iii) a substantial increase in the hazard insured against. Such cancellation shall not be effective until ten days after written notice is given by us to you and The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
3. We will mail or deliver the notice of cancellation to you at your last address, which shall be the mailing address shown in Item 1 of the Information Page or the change of mailing address shown in an Endorsement to the Policy. Pursuant to M.G.L. Chapter 175, Section 187C, a written notice of cancellation shall be deemed effective when mailed by us if we obtain a certificate of mailing receipt from the United States Postal Service showing your name and address as stated in the policy.
4. Any of these provisions that conflict with the law that controls the cancellation of this insurance policy is changed by this statement to comply with the law.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY****WC 20 06 04**

(Ed. 11-02)

**MASSACHUSETTS POLICY DEFINITION ENDORSEMENT**

In the General Section, Part A.—The Policy, is replaced by the following:

This policy includes at its effective date the Information Page, all endorsements and schedules listed there, and your application for insurance. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

**1. Rates and Premium**

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

**2. Payroll Audits**

You may request a payroll audit once each calendar year. Your request must be in writing, sent to our address shown in this endorsement. You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

**3. Reserves or Redemption**

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of a claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

**Addresses**

Commissioner of Insurance  
Michigan Insurance Bureau  
P.O. Box 30220  
Lansing, MI 48909

Company Address  
Wesco Insurance Company  
800 Superior Avenue East, 21st  
Floor  
Cleveland, OH 44114

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC210303A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

### MICHIGAN LAW ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy"
2. You are "the insured employer"
3. "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969"
4. "Workmen's compensation" means workers compensation"
5. "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation"

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

#### Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

#### Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical, surgical, and hospital services and medicines when they are needed, which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act, and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

#### Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

#### Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

#### Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the businesses the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

**Obligations Assumed**

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

**Termination Notice**

- g. That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancelation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of proposed termination or cancelation is received by the bureau of workmen's compensation;

**Conflicting Provisions**

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be construed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void."

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC210304
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MINNESOTA AMENDATORY ENDORSEMENT**

This endorsement applies only to the insurance provided because Minnesota is shown in Item 3.A. of the Information Page.

**PART TWO—EMPLOYERS LIABILITY INSURANCE**

The premium for the policy may be adjusted by a Minnesota Contracting Premium Adjustment Program policy credit factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the policy credit factor after it is calculated.

**E. We Will Also Pay** is amended to read:

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Your share of pre- or postjudgement interest assuming that the principal amount of that judgement is within the applicable policy limits under this insurance; and
5. Expenses we incur.

**H. Recovery From Others** is amended to read:

Our ability to exercise your rights to recover our payment from anyone liable for injury covered by this insurance does not apply if that other person is insured for the same loss by us. This limitation applies only if the loss was caused by the nonintentional acts of the person against whom subrogation is sought.

**PART FIVE—PREMIUM****G. Audit** is amended to read:

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data.

We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends, except as it pertains to Part Two—Employer's Liability Insurance which shall be one year. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**DEFINITIONS**

As used in this policy, "rate service organization" shall mean the Minnesota Workers' Compensation Insurers Association, Inc.

**MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided because Minnesota is shown in Item 3.A. of the Information Page.

**Cancellation of a New Policy**

If this policy is a new policy and has been in effect for fewer than 90 days, we may cancel for any reason by giving you notice at least 60 days before the effective date of Cancellation.

**Cancellation of Other Policies**

If this policy has been in effect for 90 days or more, or if it is a renewal of a policy we issued, we may cancel **for one or more** of the following reasons:

1. Nonpayment of premium;
2. Misrepresentation or fraud made by you or with your knowledge in obtaining the policy or in pursuing a claim under the policy;
3. An act or omission by you that substantially increases or changes the risk insured;
4. Refusal by you to eliminate known conditions that increase the potential for loss after notification by us that the condition must be removed;
5. Substantial change in the risk assumed, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing this policy;
6. Loss of reinsurance by us which provided coverage to us for a significant amount of the underlying risk insured. Any notice of cancellation pursuant to this item shall advise you that you have 10 days from the date of receipt of the notice to appeal the cancellation to the commissioner of commerce and that the commissioner will render a decision as to whether the cancellation is justified because of the loss of reinsurance within 30 business days after receipt of the appeal;
7. A determination by the commissioner that the continuation of the policy could place us in violation of the Minnesota insurance laws; or
8. Nonpayment of dues to an association or organization, other than an insurance association or organization, where payment of dues is a prerequisite to your obtaining or continuing this policy. This item shall not apply to persons who are retired at 62 years of age or older or who are disabled according to Social Security standards.

If we cancel your policy for any of the reasons listed in (2) through (8), we will give notice at least 60 days before the effective date of cancellation.

**Notice of Cancellation**

Any notice of cancellation under this endorsement shall be in writing and shall be sent by first class mail or delivered to you and any agent, to the last mailing addresses known to us. A cancellation notice for nonpayment of premium must be sent at least 30 days before the actual date of cancellation and shall state the amount of premium due and the due date, and shall state the effect of nonpayment by the due date. Cancellation shall not be effective if payment of the amount due is made prior to the effective date of cancellation in the notice. A cancellation notice for some other reason shall state the specific reason for cancellation and shall state the effective date of cancellation. The policy will end on that date.

**Refunds Due You**

If this policy is canceled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

**Nonrenewal of Your Policy**

Any notice of nonrenewal shall be in writing and shall be sent by first class mail, or delivered to you and any agent, to the last mailing addresses known to us, at least 60 days before the expiration date.

We need not mail or deliver this nonrenewal notice if you have:

1. Insured elsewhere;
2. Accepted replacement coverage; or
3. Requested or agreed not to renew this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 24 03 02  
(Ed. 1-14)****MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT**

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 24 03 02
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY****WC 24 03 03**  
**(Ed. 1-14)****MISSOURI EXCLUSION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT**

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Part One (Workers Compensation Insurance), A. How This Insurance Applies, of the policy is changed by adding the following:

3. Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. You have elected to reject these additional benefits; accordingly, this policy does not provide insurance for these additional benefits, and the exclusive remedy provisions under Section 287.120 of the Missouri Revised Statutes shall not apply to your liability for mesothelioma additional benefits.

Part Two (Employers Liability Insurance), C. Exclusions, exclusion 4., of the policy is replaced by the following:

4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law, including your liability for the payment of additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death as provided for in Section 287.200.4, subdivision (3), of the Missouri Revised Statutes;

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC 24 03 03
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed \$1,000 excluded from your experience modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid "out-of-pocket" due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC240406C
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MISSOURI CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
  - a. nonpayment of premium;
  - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
  - c. a violation of policy terms;
  - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
  - e. our insolvency;
  - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

**Nonrenewal**

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC240601B
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MISSOURI AMENDATORY ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Missouri is shown in item 3.A. of the Information Page.

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

**G. Audit**

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancelation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancelation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC240604
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Montana is shown in Item 3.A. of the Information Page.

Exclusion 5. of Section C. Exclusions of Part Two (Employers Liability Insurance) of the policy is replaced by the following exclusion:

**C. Exclusions**

This insurance does not cover:

5. Bodily injury caused by your intentional, malicious or deliberate act, whether or not the act was intended to cause injury to the employee injured, or whether or not you had actual knowledge that an injury was certain to occur.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC250305
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**MONTANA CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Montana is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you and to the Workers Compensation Division not less than 20 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
  - a. A nonpayment of premium;
  - b. A material misrepresentation;
  - c. A substantial change in the risk we assumed under the policy unless it was reasonable for us to foresee the change or contemplate the risk when we issued the policy;
  - d. A substantial breach of the duties, conditions or warranties under the policy;
  - e. The Commissioner has determined that continuation of the policy would place us in violation of the laws of Montana;
  - f. We are financially impaired; or
  - g. Any other reason that is approved by the Commissioner.
4. Our notice of cancellation will state our reasons for canceling.

**Nonrenewal**

1. We may elect not to renew. We will mail or deliver to you and your agent not less than 45 days advance written notice stating our intention not to renew this policy. Mailing notice to you at your last known address will be sufficient to prove notice.
2. We do not have to renew the policy if you are insured elsewhere, accept replacement insurance or request or agree to nonrenewal or if the policy is expressly designated as being nonrenewable.
3. Our notice of nonrenewal will state our reasons for not renewing.

### **MONTANA SAFETY ENDORSEMENT**

This endorsement applies only to the insurance provided by the Policy because insurance is provided to you in Montana.

You must establish and administer an education-based safety program for all employees including temporary workers. The program shall consist of a safety training program which includes new employee general safety orientation, job- or task-specific safety training, and continuous refresher safety training encompassing periodic safety meetings. The education-based safety program will also include periodic hazard assessments, with corrective actions identified, and appropriate documentation of performance of the activities.

If you have more than five employees, then you must have a comprehensive and effective safety program which has a safety committee, established procedures for reporting and investigating all work-related incidents, accidents, injuries, and illnesses, and established procedures that assign specific safety responsibilities and safety performance accountability.

We must provide safety consultation services to you which include consideration of the hazard, experience, and the size of your operations. We will notify you of the type of safety consultation services available and the location where the safety consultation services may be requested. If we furnish or fail to furnish safety consultation services related to, in connection with, or incidental to providing workers compensation, we are not responsible for damages from any injury, loss, or death occurring as a result of any act or omission by us, our employees or our service contractors in the course of providing safety consultation services to you.

However, we may be responsible for any safety consultation services required to be performed under the provisions of a written service contract for which a specific charge is made and not incidental to a policy of insurance; for damages caused by our actions or omission to act in which it was judicially determined that the act or omission constituted a crime or involved actual malice; or if the injury, loss, or death occurred during the actual performance of safety consultation services and was directly and proximately caused by us.

**NEBRASKA EXPERIENCE RATING MODIFICATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Nebraska is shown in Item 3.A. of the Information Page.

- A. The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor shown on the Information Page is the most recent factor which was known at the time the policy was issued. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.
- B. If the ultimately determined experience modification factor applying to this policy is a decrease from that shown on the Information Page, it will be applied retroactively to the policy effective date or the anniversary rating date if different from the policy effective date.
- C. If the factor is an increase over that shown on the Information Page, it will apply as follows:
  - 1. Retroactively to the effective date of the policy or to the anniversary rating date if you or your agent are notified of the new experience modification no more than 30 days after the policy effective date or the anniversary rating date.
  - 2. If neither you nor your agent receive notification of the increased experience modification prior to 31 days after the policy effective date or the anniversary rating date, then the increased modification shall apply only to premiums earned after the date that you or your agent are first notified of the new modification.
  - 3. Section C.2. of this endorsement notwithstanding, the increase will be retroactive to the effective date of this policy when:
    - a. The change in experience modification is the result of a revision in your classifications.
    - b. The delay in the calculation of the experience modification is due to your failure to make available all your records for examination and audit for us or for a previous insurer.

**NEBRASKA CANCELTION AND NONRENEWAL ENDORSEMENT**

1. You may cancel this policy within the policy period by giving notice to us, fixing the date on which the cancelation is to be effective.
2. The notice, from you, is to be sent by certified mail.
3. We are required by Nebraska Law to give notice of your intent to cancel a policy to the Nebraska Workers' Compensation Court.
4. The cancelation shall not be effective until ten (10) days after we give notice to the Nebraska Workers' Compensation Court that the policy is being canceled. However, if you have secured insurance with another insurer, the cancelation will be effective as of the effective date of such other notice of coverage.
5. We may cancel or nonrenew this policy within the policy period by giving notice to you and to the Nebraska Workers' Compensation Court, fixing the date on which the cancelation or nonrenewal is to be effective.
6. The notice from us will contain a brief statement of the reasons for cancelation or nonrenewal and will be sent to you by certified mail.
7. The nonrenewal shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Court.
8. The cancelation shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Court, except the cancelation shall be effective ten (10) days after the giving of the notice if the cancelation is based on:
  - a. nonpayment of premiums;
  - b. failure of the insured to reimburse deductible losses as required under the policy; or
  - c. failure of the insured, if covered pursuant to the Assigned Risk Plan, to comply with workplace safety laws found in Nebraska statutes.
9. All notices shall be provided in writing and shall be deemed given upon mailing by certified mail, except that we may give notice to the Nebraska Workers' Compensation Court by approved electronic means. Notice provided to the Nebraska Workers' Compensation Court by approved electronic means shall be deemed given upon receipt.

**NEW HAMPSHIRE SOLE REPRESENTATIVE ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because New Hampshire is shown in Item 3.A. of the Information Page.

Condition E, "Sole Representative," of the policy is replaced by the following:

"The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium or to give us notice of cancelation. If we cancel this policy, we will give each named insured notice of cancelation."

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC280601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**NEW HAMPSHIRE AMENDATORY ENDORSEMENT**

This endorsement applies only to the New Hampshire coverage provided by the policy because New Hampshire is shown in Item 3.A. of the Information Page.

For New Hampshire coverage, the Cancellation condition of the policy is amended and replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us.
2. We may cancel this policy. We will file a written termination notice with the Commissioner of the Department of Labor and will send a copy to you.
3. In case of nonpayment of premium, the cancellation will take effect 30 days after the termination notice is filed.
4. In case of cancellation for reasons other than nonpayment of premium, cancellation will take effect 45 days after the notice of termination is filed.
5. If you have obtained coverage from another insurance carrier or have qualified as a self-insurer, cancellation is effective on the date you obtained the coverage or qualified as a self-insurer.

Effective July 1, 2007

### NEW JERSEY PART TWO LIMIT OF LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7, we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F., the "Other Insurance" provisions is replaced with the following:

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C-7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC290306B
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

Effective January 1, 2012

**NEW JERSEY  
PREMIUM DISCOUNT ENDORSEMENT  
SCHEDULE Y**

The New Jersey premium for this policy and the policies, if any, listed in Item 2 of the Schedule may be eligible for a discount. This endorsement shows the discount rates in Item 1 of the Schedule. The final calculation of premium discount will be determined by our Manual and your New Jersey standard premium as determined by audit.

So much of the New Jersey Standard Premium as is subject to retrospective rating shall not be subject to discount. The remainder is subject to discount and the discount is calculated as follows:

- (a) Determine the discount as though none of the standard premium is subject to retrospective rating.
- (b) Determine the discount as though only the premium subject to retrospective rating is discounted.
- (c) The difference between (a) and (b) is the applicable premium discount.

Schedule

1. Premium Discount. The first \$5,000 of the Standard Premium shall be charged in full without discount, the next \$95,000 shall be subject to a discount of 9.5%, the next \$400,000 shall be subject to a discount of 11.1%, and the remainder shall be subject to a discount of 12.2%
2. Other policies:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC290406Y
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**NEW JERSEY PARTICIPATING PROVISION ENDORSEMENT**

You may be entitled to participate in a distribution of the surplus or excess premium of the company to such an extent and upon such conditions as shall be determined by the board of directors of the company provided you have complied with all the terms of the policy including the payment of premiums.

Neither dividends nor any factors used in their calculation may be guaranteed.

Dividends will be payable only for a policy period that has expired.

By the purchase of this policy you do not obtain any contractual right to a dividend.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC290603
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**NEW MEXICO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding Item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amounts shown in Item 4 of the Information Page or in the Schedule in the New Mexico Terrorism Premium Endorsement (WC 30 04 03), attached to this policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	<EffDate>	Policy No.	<PolNum>	Endorsement No.	<EndmtNum>
Insured	<Insured>			Premium \$	<Premium>
Insurance Company	<InsuredCo>				

Countersigned by \_\_\_\_\_

**NEW MEXICO TERRORISM PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of an act of terrorism.

Your policy provides coverage for workers compensation losses caused by acts of terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property, or infrastructure; and
- b. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of terrorism is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<b>State</b>	<b>Rate per \$100 of payroll</b>
AL	0.02
AR	0.02
AZ	0.01
CA	0.03
CT	0.01
DE	0.02
FL	0.02
GA	0.02
IA	0.02
ID	0.02
IL	0.05
IN	0.01
KS	0.02
KY	0.02
LA	0.02
MA	0.03
MD	0.05
ME	0.02
MI	0.00
MN	0.02
MO	0.01
MS	0.01
MT	0.02
NC	0.02
NE	0.02
NH	0.02
NJ	0.03
NM	0.04

NY	0.07
OK	0.02
OR	0.02
PA	0.03
SC	0.02
SD	0.02
TN	0.02
VA	0.05
VT	0.02
WI	0.02
WV	0.01

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC300403
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**NEW MEXICO CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies to the insurance provided by the policy because New Mexico is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of this policy is replaced by the following:

**Cancellation**

You may cancel this policy by returning it to us or by giving us a written notice and stating at what future time coverage is to cease.

We may cancel this policy, or one or more of its parts, by giving you a written notice. If the premium has not been paid when due, we may cancel at any time by giving the required notice at least 10 days before the cancellation is effective.

If the policy has been in effect less than 60 days and is not a renewal policy, we may cancel by giving the required notice at least 10 days before the cancellation is effective.

If the policy has been in effect for 60 days or more or is a renewal, we may cancel only for one or more of the following reasons:

- a. The policy was obtained through material misrepresentation, fraudulent statements, omissions or concealment of fact material to the acceptance of the risk or to the hazard assumed by us;
- b. Willful and negligent acts or omissions by the insured have substantially increased the hazards insured against;
- c. You presented a claim based on fraud or material misrepresentation; or
- d. There has been a substantial change in the risk assumed by us since the policy was issued.

We will give the required Notice of Cancellation stating the reason(s) for cancellation at least 30 days before the cancellation is effective. The notice will state the time that the cancellation is to take effect. The notice will be sent to your mailing address last known to us.

Your return premium, if any, will be calculated as follows:

- a. If we cancel, we will return all unearned premiums.
- b. If you cancel, the refund will be calculated according to our rules.

Your return premium will be refunded to you with the cancellation notice or within a reasonable time. Payment or tender of the unearned premium is not a condition of cancellation.

**Nonrenewal**

If we decide not to renew this policy, we must give you written notice of our intention not less than 30 days prior to the expiration of the policy.

This nonrenewal section does not apply to any policy of insurance issued to an insured who has its principal place of business outside this state.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC300601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

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**NEW YORK LIMIT OF LIABILITY ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New York is shown in Item 3.A. of the Information Page.

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to your employees if the bodily injury arises out of and in the course of employment that is subject to and is compensable under the Workers' Compensation Law of New York.

# **NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT**

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

The declarations section of this policy will show a credit of 0.00% if you are not eligible for this credit, or if you are eligible for this credit and have not yet applied for a credit. Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

0042	5057	5193	5429	5491	5606	6003	6229	6325	9526
3365	5059	5213	5443	5506	5610	6005	6233	6400	9527
3724	5069	5221	5445	5507	5645	6017	6235	6701	9534
3726	5102	5222	5462	5508	5648	6018	6251	7536	9539
3737	5160	5223	5473	5536	5651	6045	6252	7538	9545
5000	5183	5348	5474	5538	5701	6204	6260	7601	9549
5022	5184	5402	5479	5545	5703	6216	6306	7855	9553
5037	5188	5403	5480	5547	5709	6217	6319	8227	
5040	5190	5428							

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing) for the third quarter, as reported to taxing authorities, for the year preceding the policy date. Total payroll is to continue to be reported for employees engaged in the construction of one or two-family residential housing. For example:

<u>POLICY EFFECTIVE DATE</u>	<u>THIRD QUARTER PAYROLL</u>
4/1/12 thru 3/31/13	2011
4/1/13 thru 3/31/14	2012
4/1/14 thru 3/31/15	2013
4/1/15 thru 3/31/16	2014
4/1/16 thru 3/31/17	2015
4/1/17 thru 3/31/18	2016

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately nine months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a completed application to: Attention: Field Services Department, New York Compensation Insurance Rating Board, 733 Third Avenue, New York, New York 10017.

Applications must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. Under no circumstances will an application be accepted for any policy if it is received after the expiration date of the policy. For short-term policies the application must be received prior to the expiration date of the short-term policy. If it is received after the policy expiration, no credit will be calculated.

The New York Workers Compensation and Employers Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

For online entry of the information requested on this form refer to: <http://cpap.nycirb.org/>

**NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**D. Cancellation and Nonrenewal**

1. You may cancel this policy.  
If you cancel this policy, you must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy.
  - (a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.
  - (b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:
    - (1) Nonpayment of premium in accordance with the policy terms.
    - (2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.
    - (3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.
    - (4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.
    - (5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.
    - (6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.
    - (7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.
    - (8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk.
    - (9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.
    - (10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.
  - (c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We must provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is required to be given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.

WC 32 03 01 C

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

(Ed. 1-14)

- (d) Cancellation for nonpayment of premium is not effective if the amount due is paid before the effective date stated in the notice of cancellation.
3. We may refuse to renew this policy:
- (a) If this policy is for a term of one year or less, we must provide you with notice of nonrenewal at least 45 days prior to the expiration date of the policy.
  - (b) If this policy is for a term of more than one year or for an indefinite term, then to nonrenew the policy at the policy anniversary date we must provide you with notice of nonrenewal at least 45 days prior to the anniversary date of the policy.
  - (c) The notice of nonrenewal must state the precise reason for nonrenewal. Failure to send this notice, as provided in paragraphs 3 and 5, to any other person designated in the policy to receive this notice invalidates the nonrenewal only as to that other person's interest.
  - (d) Any nonrenewal attempted or made that is not in compliance with paragraphs (a), (b) and (c) is not effective. Paragraphs (a), (b) and (c) do not apply if you have obtained insurance elsewhere, have accepted replacement coverage, or have requested or agreed to nonrenewal.
4. Whenever we lower coverage limits, raise deductibles, or raise premium rates for reasons within our exclusive control and other than at your request, we will mail you written notice of the change at least 30 days in advance of the effective date of the change. As used in this paragraph, the phrase, "reasons within our exclusive control" does not mean experience modification changes, exposure changes, or loss cost rate changes.
5. We must provide the notice required by paragraphs 3 and 4 by mail to you and any other person designated in the policy to receive this notice at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Mailing copies of the notice by regular first-class mail satisfies the notice requirements of paragraphs 3, 4 and 5.
6. We will also send copies of the notice required by this endorsement to the agent or broker of record, though failure to send copies of the notice to the agent or broker of record will not invalidate a cancellation or nonrenewal. Mailing copies of the notice by regular first-class mail to the agent or broker of record satisfies the requirements of this paragraph. Notice of nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC320301C
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

WC 32 03 01 C

(Ed. 1-14)

**OKLAHOMA EMPLOYERS LIABILITY AMENDED COVERAGE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Oklahoma is shown in Item 3.A. of the Information Page.

1. Section B. **We Will Pay** is replaced by the following:

**B. We Will Pay**

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by the third party to recover the damages claimed against such third party as a result of injury to your employee; and
2. for care and loss of services.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC350302
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**OKLAHOMA EMPLOYERS LIABILITY INTENTIONAL TORT EXCLUSION ENDORSEMENT**

Part Two—Employers Liability Insurance, C—Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you, or bodily injury that you knew or should have known was substantially certain to occur from an act caused, committed, or aggravated by you;

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC350303
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**OKLAHOMA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT**

This endorsement applies to the insurance provided by the policy because Oklahoma is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition in Part Six (Conditions) of the policy is amended by adding the following provision:

5. If this policy has been in effect for more than 45 business days or is a renewal policy, we may cancel only for one of the following reasons with at least ten (10) days notice to the insured:
- Nonpayment of premium;
  - Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted under it;
  - Discovery of willful or reckless acts or omissions on the part of the named insured which increase any hazard insured against;
  - The occurrence of a change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed;
  - A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;
  - A determination by the Insurance Commissioner that the continuation of the policy would place the insurer in violation of the insurance laws of this state;
  - Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against; or
  - Loss of or substantial changes in applicable reinsurance.

Part 6 (Conditions) of the policy is amended by adding the following provisions:

**F. Nonrenewal**

If we elect not to renew this policy, we will mail or deliver written notice of nonrenewal to you at least 45 days before:

- The expiration date of this policy; or
- An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.

Any notice of nonrenewal will be mailed or delivered to you at the last mailing address known to us.

If notice is mailed:

- It will be considered to have been given to you on the day it is mailed.
- Proof of mailing will be sufficient proof of notice.

If notice of nonrenewal is not mailed or delivered at least 45 days before the expiration date or an anniversary date of this policy, coverage will remain in effect until 45 days after notice is given. Earned premium for such extended period of coverage will be calculated pro rata based on the rates applicable to the expiring policy.

We will not provide notice of nonrenewal if:

- We, or another company within the same insurance group, have offered to issue a renewal policy; or
- You have obtained replacement coverage or have agreed in writing to obtain replacement coverage.

If we have provided the required notice of nonrenewal as described above, and thereafter extend the policy for a period of 90 days or less, we will not provide an additional nonrenewal notice with respect to the period of extension.

**G. Notice of Premium or Coverage Changes Upon Renewal**

If we elect to renew this policy, we will give written notice of any premium increase, change in deductible, or reduction in limits or coverage, to you, at the last mailing address known to us.

Any such notice will be mailed or delivered to you at least 45 days before:

- a. The expiration date of this policy; or
- b. An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.

If notice is mailed:

- a. It will be considered to have been given to you on the day it is mailed.
- b. Proof of mailing will be sufficient proof of notice.

If you accept the renewal, the premium increase or deductible, limits or coverage changes will be effective the day following the prior policy's expiration or anniversary date.

If notice is not mailed or delivered at least 45 days before the expiration date or anniversary date of this policy, the premium, deductible, limits and coverage in effect prior to the changes will remain in effect until the earlier of:

- a. 45 days after notice is given; or
- b. The effective date of replacement coverage obtained by you.

If you then elect not to renew, any earned premium for the resulting extended period of coverage will be calculated pro rata at the lower of the new rates or rates applicable to the expiring policy.

We will not provide notice of the following:

- a. Changes in a rate or plan filed with or approved by the Insurance Commissioner or filed pursuant to the Property and Casualty Competitive Loss Cost Rating Act and applicable to an entire class of business; or
- b. Changes based upon the altered nature or extent of the risk insured; or
- c. Changes in policy forms filed with or approved by the Insurance Commissioner and applicable to an entire class of business.

**OKLAHOMA FRAUD WARNING ENDORSEMENT**

This endorsement applies only to the insurance provided by the Policy because Oklahoma is shown in Item 3.A. of the Information Page.

**WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC350603
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**OKLAHOMA ELECTION OF COVERAGE NOTIFICATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Oklahoma is shown in Item 3.A. of the Information Page.

**NOTICE:** YOU HAVE THE OPTION TO ELECT TO INCLUDE, AS APPLICABLE, YOUR SOLE PROPRIETOR, ANY OR ALL OF YOUR PARTNERSHIP MEMBERS, ANY OR ALL OF YOUR LIMITED LIABILITY COMPANY MEMBERS, OR ANY OR ALL OF YOUR STOCKHOLDER-EMPLOYEES AS EMPLOYEES FOR THE PURPOSE OF WORKERS COMPENSATION INSURANCE COVERAGE BY ENDORSING THE POLICY IN ACCORDANCE WITH SECTION 3 OF TITLE 85 OF THE OKLAHOMA STATUTES.

**OREGON UNSAFE EQUIPMENT EXCLUSION ENDORSEMENT**

Part Two (Employers Liability Insurance) does not cover bodily injury arising out of your failure to comply with a notice posted pursuant to ORS 654.082 of the Oregon Safe Employment Act or any amendment to that Act.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC360301
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**OREGON LIMITS OF LIABILITY ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

The limits of our liability under Part Two of the policy are:

Bodily Injury by Accident	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, each accident
Bodily Injury by Disease	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, policy limit
Bodily Injury by Disease	\$500,000	or the amount shown in Item 3.B. of the Information Page, whichever is greater, each employee

This change applies to the insurance this policy provides for Oregon operations only.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC360306
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**OREGON PREMIUM DUE DATE ENDORSEMENT**

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE  
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date specified in the billing invoice for the policy.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC360406
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 36 04 06**  
(Ed. 10-01)

**OREGON CANCELLATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us, stating when the cancellation is to take effect. If you provide for other insurance or self-insurance, your cancellation of coverage will take effect upon the effective date of that insurance.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
  - a. If we cancel based on our decision not to offer insurance to all employers within your premium category, we will mail the notice of cancellation at least 90 days before the cancellation is to take effect.
  - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.
  - c. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
3. Mailing notice to you at your last known mailing address will be sufficient to prove notice.
4. The policy period will end at 12:00 midnight on the day stated in the cancellation notice.
5. When coverage is placed with another carrier as of the policy expiration date, a rejected renewal policy shall be withdrawn without charge, provided notice of nonrenewal is mailed and postmarked on or before the expiration date and is received from the insured by the insurer no later than 10 calendar days after said expiration date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC360601E
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**SPECIAL PENNSYLVANIA ENDORSEMENT—INSPECTION OF MANUALS**

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended and Act 44 of 1993 and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC370601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 37 06 01**  
(Ed. 4-84)

**PENNSYLVANIA NOTICE**

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. surveys;
2. consultation or advice; or
3. inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. if the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. to consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. if any acts of omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual, malice, or gross negligence.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC370602
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**PENNSYLVANIA ACT 86-1986 ENDORSEMENT****NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM**

This endorsement applies only to the insurance provided by the policy because Pennsylvania is shown in Item 3.A. of the Information Page.

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

**Nonrenewal**

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
  - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.

**Notice of Increase in Premium**

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

**Return of Unearned Premium**

1. If this policy is canceled and there is unearned premium due you:
  - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
  - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1.a. and 1.b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC370603A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT**

Act 57 of 1997 requires that "... the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry."

**EMPLOYER ASSESSMENT FORMULA:**

**Employer Assessment** = Act of 1997 Employer Assessment Factor X Employer Assessment Premium Base

**Act 57 of 1997 Employer Assessment Factor**

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

**Employer Assessment Premium Base**

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

**CODE 0938**

**EMPLOYER ASSESSMENT FACTOR**

1.7

**EMPLOYER ASSESSMENT**

\$404.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC370604
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**SOUTH DAKOTA DIRECT ACTION STATUTE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because South Dakota is shown in Item 3.A. of the Information Page.

1. Your injured employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of the employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct action statute (Section 58-20-12) of the South Dakota Workers' Compensation Law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC400601A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WC 40 06 01 A**  
(Ed. 07-11)

**SOUTH DAKOTA MANAGED CARE ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because South Dakota is shown in Item 3.A. of the Information Page.

This endorsement provides for the payment of benefits under the workers compensation law of South Dakota to provide medical services and health care to injured workers for compensable injuries and diseases by means of a managed care program which meets the requirements established by the Department of Labor.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC400603
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**SOUTH DAKOTA CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because South Dakota is shown in item 3.A. of the Information Page.

The **Cancellation** Condition in Part Six (Conditions) of the policy is replaced by this Condition:

**Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy.
  - a. We must file a notice of intention in the office of the State Department of Labor or other officer in charge of the administration of the workers compensation law at least 10 days prior to cancellation due to nonpayment of premiums. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days notification before the effective cancellation date. This notice of intention must state the date of cancellation.
  - b. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation due to nonpayment of premiums is to take effect. Any policy cancelled for reasons other than nonpayment of premium requires at least 20 days written notification before the effective cancellation date.
  - c. Mailing that notice to you at your last known place of residence will be sufficient to prove notice.
  - d. If the employer is a partnership, the notice may be given to any one of the partners.
  - e. If the employer is a corporation, the notice may be given to any agent or officer of the corporation upon whom legal process may be served.
3. After sixty days from the effective date of policy issuance, a notice of cancellation may not be issued unless it is based upon at least one of the following reasons:
  - a. Nonpayment of premium
  - b. Discovery of fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining the policy, continuing the policy, or in presenting a claim under the policy
  - c. Discovery of acts or omissions on the part of the named insured that increase any hazard insured against
  - d. The occurrence of a change in the risk that substantially increases any hazard insured against after insurance coverage has been issued
  - e. A violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof that substantially increases any hazard insured against
  - f. A determination by the director of the Division of Insurance that the continuation of the policy would jeopardize a company's solvency or would place the insurer in violation of the insurance laws of this state
  - g. Violation or breach by the insured of any policy terms or conditions
  - h. Such other reasons as are approved by the director of the Division of Insurance
4. The policy period will end on the day and hour stated in the cancellation notice.
5. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

(Ed. 4-06)

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**Nonrenewal**

1. We may elect not to renew. We will mail or deliver to you and your agent not less than 60 days advance written notice stating our intention not to renew this policy. Mailing notice to you at your last known address will be sufficient to prove notice.
2. A notice of nonrenewal is not required if the policyholder is transferred to an insurer that is a member of the same insurance group as the previous insurer and notice of such transfer is given in the form adopted by rule by the Division of Insurance.
3. The policy provisions control if the policy provides for a notice of refusal to renew that exceeds 60 days.

**VERMONT LAW ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Vermont is shown in Item 3.A. of the Information Page.

1. We may not limit our liability to pay damages if a judgment for damages is entered against you and we continue the suit or other action without your consent.
2. No action will lie against us to recover for a loss under this insurance unless it is brought within one year after the amount of loss is made certain either by agreement between the parties with our consent or by actual trial and final judgment. If you are bankrupt or insolvent, anyone who obtains such a judgment or agreement has a right of action against us to recover under the policy to the extent that insurance is provided for the damages or loss.
3. If you pay a judicial judgment or claim for any of our liability under this insurance, that will not bar you from an action or right of action against us.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC440601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**VERMONT CANCELATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Vermont is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by these conditions:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail by certified mail or certificate of mailing to you and to the Commissioner of Labor and Industry, not less than 45 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice

**Nonrenewal**

1. We may elect not to renew the policy. We must mail by certified mail or certificate of mailing to you and to the Commissioner of Labor and Industry 45 days advance written notice stating when the nonrenewal is to take effect. If we do not give 45 days notice, the policy will automatically be extended for 45 days from the date notice is received by the Commissioner.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. We offer to continue the insurance by delivery of a renewal contract to you, or
  - b. You notify us that you do not wish the policy renewed, or
  - c. You obtain other insurance, a guarantee contract or establish and maintain, to the satisfaction of the Commissioner of Labor and Industry, security for compensation.

**VIRGINIA AMENDATORY ENDORSEMENT**

This endorsement applies only to the Virginia insurance provided by the policy because Virginia is shown in Item 3.A. of the Information Page.

For Virginia insurance, Part Six D. (Conditions—Cancellation) is replaced by:

1. Yours truly, may cancel this policy. You must mail or deliver advance written notice to us. You must provide written notice of your cancellation, including the date of and reasons for the cancellation, to the Workers Compensation Commission.
2. We may cancel this policy. We will provide you with 30 days notice of cancellation. We will provide the Workers Compensation Commission with immediate notice of such cancellation. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
3. In the event of cancellation by you or us, you must provide 30 days written notice of the cancellation to your covered employees.
4. We may nonrenew your policy. We will provide 30 days notice to you and to the Workers Compensation Commission of our decision to nonrenew. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
5. If you fail to pay the premium due on this policy, we may cancel the policy by providing 10 days notice to you and to the Workers Compensation Commission.

**WEST VIRGINIA EMPLOYERS LIABILITY INSURANCE INTENTIONAL ACT EXCLUSION ENDORSEMENT**

Part Two—Employers Liability Insurance, C.—Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, including by your deliberate intention as that term is defined by W. Va. Code § 23-4-2(d)(2).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC470301A
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WEST VIRGINIA CANCELLATION ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A of the Information Page.

Part Six, D (Conditions—Cancellation) is replaced by:

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.
4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of the termination, within ten (10) days of receipt of your request for cancellation, as applicable.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC470601
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WISCONSIN LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three-Other States Insurance" of the policy is replaced by the following:

**PART THREE OTHER STATES INSURANCE****A. How This Insurance Applies**

1. We will pay promptly when due the benefits required of you by the workers compensation law of a state other than Wisconsin if all of the following conditions are met:
  - a. The employee claiming benefits was either hired under a contract of employment made in Wisconsin, or was, at the time of injury, principally employed in Wisconsin; and
  - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you had other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your work in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
  - c. The duration of the work being performed by the employee claiming benefits in the state for which the employee is claiming benefits does not exceed 30 days in a given calendar quarter.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law of any state.

**IMPORTANT NOTICE!**

**If you hire any employees outside of Wisconsin or work in any state other than Wisconsin, you should do whatever may be required under that state's law, as this endorsement does not provide coverage for, and does not satisfy the requirements of, that state's workers compensation law.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC480301C
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WISCONSIN LAW ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Wisconsin is shown in Item 3.A. of the Information Page.

This policy is amended to reflect the following changes and/or additions to clarify or comply with Wisconsin Law:

- I. If our agent has knowledge of a change in or a violation of a policy condition, this will be considered our knowledge and will not void the policy or defeat a recovery for a claim.
- II. "Workers Compensation Law" means Chapter 102, Wisconsin Statutes. It does not include and this policy does not apply to any obligation under Chapter 40, Wisconsin Statutes, or Section 66.191, Wisconsin Statutes, or any amendment to these laws.
- III. Any language involving "Actions Against Us" is replaced and amended to provide that no legal action may be brought against us until there has been full compliance with all the terms of this policy.
- IV. If any injury occurs that may be covered by this insurance, the policy is amended to provide that you must notify us of that injury as soon as reasonably possible.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC480601C
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WISCONSIN WAIVER OF SOVEREIGN IMMUNITY ENDORSEMENT**

For purposes of this contract of insurance only, the voluntary purchase of workers compensation insurance shall act as an express waiver of the purchaser's sovereign immunity status. The purchaser expressly agrees to the jurisdiction of United States federal law and all Wisconsin state statutes in the enforcement of all terms contained in this contract of insurance.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	6/30/2016	Policy No.	WWC3216474	Endorsement No.	WC480604
Insured	Personnel Staffing Group, LLC			Premium \$	33316855
Insurance Company	Wesco Insurance Company				

Countersigned by \_\_\_\_\_

**WISCONSIN CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Wisconsin is shown in Item 3.A. of the Information Page.

The Cancellation Section (D) of the Part Six—Conditions is deleted and replaced by the following:

**A. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect. If you purchase replacement insurance, the cancellation becomes effective on the date the new coverage becomes effective. If no replacement coverage is purchased, the cancellation will be effective thirty (30) days after the receipt of written notice by the Wisconsin Compensation Rating Bureau.
2. We may cancel the policy for any reason if the policy has been in effect for less than sixty (60) days. If the policy is issued for a term longer than one year or for an indefinite term, we may cancel the policy for any reason on an annual anniversary of the policy effective date. We may cancel the policy at any other time for the following reasons:
  - a. You fail to pay all premiums when due, however, we must deliver or mail, first class, not less than thirty (30) days advance written notice stating when the cancellation is to take effect;
  - b. A material misrepresentation;
  - c. A substantial breach of the obligations, conditions or warranties under the policy; or
  - d. A substantial change in the risk we assumed under the policy, unless it was reasonable for us to foresee the change or expect the risk when we issued the policy.
3. If we cancel for any permissible reason other than nonpayment of premium, we must deliver or mail, first class, not less than \*thirty (30) days notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
4. The policy period will end on the day and hour stated in a notice of cancellation.

**B. Nonrenewal**

1. You have the right to have the insurance renewed unless we deliver or mail to you not less than \*sixty (60) days advance written notice stating our intention not to renew this policy.
2. We do not have to renew the insurance if you do not pay the renewal premium billing by the due date or if you accept replacement insurance, are insured elsewhere, requested or agree to nonrenewal, or if the policy is expressly designated as being nonrenewable.
3. If we renew the insurance, we may use the policy forms, rates and rating plans we are then using for similar risks. We may limit the policy to a term equivalent to the term of the expiring policy or one year, whichever is less.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 48 06 06 B**

(Ed. 1-02)

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4. If we offer to renew the policy on less favorable terms, we will mail or deliver written notice of the new terms by first class mail to you, the policyholder, at least sixty (60) days prior to the renewal date. The definition of "terms" does not include manual rates, experience modification factors, or classification of risks.

If we provide such notice within sixty (60) days prior to the renewal date, the new terms will not take effect until sixty (60) days after the notice is mailed or delivered, in which case, you, the policyholder, may elect to cancel the renewal policy at any time during the sixty (60) day period. The notice will include a statement of your right to cancel. If you elect to cancel the renewal policy during the sixty (60) day period, the return premium or additional premium charges shall be calculated proportionally on the basis of the old premiums.

We need not mail or deliver this notice if the only change adverse to you is a premium increase that;

- (a) is less than 25%; or,
- (b) results from a change based on your action that alters the nature and extent of the risk insured against, including, but not limited to, a change in the classifications for the business.

- \* Any written agreement attached to and made a part of the policy, between the insurance carrier and policyholder that extends the cancellation or nonrenewal notification time frame, will supersede the aforementioned notification requirements found in items A.3. and B.1., respectively.

**Kansas**

**Workers Compensation and Employers Liability**

**Notice to Policyholders**

**Wesco Insurance Company provides certain accident prevention services as required by Kansas Code 44-5, 104 to their policyholders at no additional cost. If you would like more information, please contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

**English and Spanish versions of the Workers' Compensation Information Booklets (K-WC25 and K-WC250) and "Important Information for Injured Employees" (K-WC 27 and K-WC 270) are included with this Notice as required by Kansas Law 44-5, 101 and 102.**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form KS LC-1

Kansas

**Montana**

**Workers Compensation**

**Notice to Policyholder**

**The Montana Safety Culture Act (MCA 39-71-1507) requires that employers with more than five (5) employees establish a workers' safety program.**

**Wesco Insurance Company can provide safety consultation services to assist you in complying with this law.**

**The safety consultation services available from Wesco Insurance Company include consideration of the hazard, experience, and size of the Insured employer's operations.**

**For further information or to request a consultation, please contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form MT LC-1

Montana

## **Workers Compensation**

### **Notice to Policyholder**

**Wesco Insurance Company is required by law to provide its policyholders with certain workplace safety services including, but not limited to surveys, recommendations, training programs, consultations, analysis of accident causes, industrial hygiene and industrial health services.**

**If you would like information, please call or contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form OK LC-1

Oklahoma

<b>Pennsylvania</b>
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**Workers Compensation  
Notice to Policyholder**

**Pursuant to Pennsylvania Workers Compensation Act (77 P.S. Sec. 1038.1 and 1038.2), and in accordance with Title 34, Part VIII, Sec. 129.102, Wesco Insurance Company has available to its policyholders certain accident and illness prevention services. These services include surveys, recommendations, training programs, consultations, analysis of accident and illness causes, and industrial hygiene and industrial health services. The fee for these services is \$80 per hour. The first \$500 or 1.5% of standard premium, whichever is greater, is provided at no cost to the Policyholder.**

**Wesco Insurance Company may grant a premium discount of 5% to a Policyholder whose Workplace Safety Committee is certified by the Department of Labor and Industry of the Commonwealth (See 77 P.S. Sec. 1038.2).**

**If you would like more information about accident and illness prevention services or certification of Safety Committees, call the Loss Control Department of Wesco Insurance Company at 877-528-7878, or write to Wesco Insurance Company, 800 Superior Avenue East, 21st Floor, Cleveland, OH 44114.**

**Policy Number: WWC3216474**

**Effective Date: 6/30/2016**

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**Wesco Insurance Company  
Form PA LC-1**

**Pennsylvania**

**INSURER'S NOTICE OF ISSUANCE OF POLICY**

Michigan Department of Licensing and Regulatory Affairs  
 Workers' Compensation Agency  
 P O Box 30016, Lansing, Mi 48909

*A separate Form 400 is required for  
 each legal entity insured under a policy*

**INSTRUCTIONS: SEE REVERSE SIDE**

1. Employer Federal I.D. Number		2. Name of Business			
3. Parent Co. Federal I.D. Number		4. Owner of Business (If applicable)			
5. Mailing Address (Street No. and Name)			City	State	ZIP Code
6. Type of Organization					
<input type="checkbox"/> a. Corporation		<input type="checkbox"/> c. Individual		<input type="checkbox"/> e. Joint Venture	
<input type="checkbox"/> b. Partnership		<input type="checkbox"/> d. Public Employer		<input type="checkbox"/> f. Limited Liability Company/Other	
7. NAIC Carrier I.D. Number (9 digits)	8. ZIP Code of Issuing Office		9. Name of Insurance Company		
10. Policy Number			11. Effective Date of Coverage		
12. Annual Payroll in Dollars			13. Michigan Class Code	14. Number of Employees	

Pursuant to the Workers' Disability Compensation Act, this is to certify that the above referenced employer has been issued a policy of insurance by the above carrier. This policy covers all the liability imposed upon the employer by the provisions of the Michigan Workers' Disability Compensation Act for all employees in any and all of the employer's businesses.

15. Authorized Signature	Date
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16. Please list below additional names and/or addresses for the Federal I.D. Number listed in Item #1. (A separate Form 400 is required for each legal entity insured under a policy.)					
Name of Business			Name of Business		
Address (Street No. and Name)			Address (Street No. and Name)		
City	State	ZIP Code	City	State	ZIP Code
Name of Business			Name of Business		
Address (Street No. and Name)			Address (Street No. and Name)		
City	State	ZIP Code	City	State	ZIP Code

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act 418.625(1); R408.41 Completion: Mandatory
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**Wesco Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

POLICY PERIOD

WWC3216474

FROM: 6/30/2016 TO: 6/30/2017

INSURED

Personnel Staffing Group, LLC

Alabama law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each claim. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH CLAIM**

- ☐ \$100  
☐ \$200  
☐ \$300  
☐ \$400  
☐ \$500  
☐ \$1,000  
☐ \$1,500  
☐ \$2,000  
☐ \$2,500

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.  
☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the Alabama Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

AL-SDEF 01 (11/03)

<b>Form AR-P</b>	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b>	<b>P</b>
Ark. Code Ann. §11-9-403, 407 AWCC Rule7 Updated: 04-15-02	324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 Little Rock Office - 1-800-622-4472 / 501-682-3930 Ft. Smith Office - 1-800-354-2711/ 479-783-7970 Springdale Office - 1-800-852-5376 / 479-751-2790	

## WORKERS' COMPENSATION INSTRUCTIONS TO EMPLOYERS AND EMPLOYEES

All employees of this establishment entitled to benefits under the provisions of the Arkansas workers' compensation laws are hereby notified that their employer has secured the payment of such compensation as may at any time be due employees or their dependents. This employer is required by state law to provide workers' compensation coverage or this employer has waived the exclusion or exemption from the operation of the workers' compensation laws, and the employer certifies by the display of this poster that workers' compensation coverage is now provided by a workers' compensation insurance policy or by enrollment in the Arkansas Self-Insurance Program or by the Public Employee Claims Division of the Arkansas Insurance Department.

**Amtrust Claims**  
**P.O. Box 740042**  
**Atlanta, GA 30374-0042**  
**Phone: 888-239-3909**  
**Policy Expiration: 6/30/2017**

### IN CASE OF JOB-RELATED INJURIES OR OCCUPATIONAL DISEASES

#### The Employer Shall:

1. Provide all necessary medical, surgical and hospital treatment, as required by law, following the injury and for such additional time as ordered by the Workers' Compensation Commission.
2. Provide compensation payments in accordance with the provisions of the law. The first installment of compensation becomes due on the 15th day after the employer has notice of the injury or death, except in those cases where liability has been denied by the employer.
3. Provide prompt reporting of accidents to appropriate parties.
4. Keep a record of all injuries received by its employees.

#### The Employee Shall:

The employee shall report the injury to the employer on Form N and to a person or at a place specified by the employer, unless the injury either renders the employee physically or mentally unable to do so, or the injury is made known to the employer immediately after it occurs. The employer shall not be responsible for disability, medical, or other benefits prior to receipt of the employee's notice of injury. All reporting procedures specified by the employer must be reasonable and shall afford each employee reasonable notice of the reporting requirements. The foregoing shall not apply when an employee requires emergency medical treatment outside the employer's normal business hours; however, in that event, the employee shall cause a report of the injury to be made to the employer on the employer's next regular business day.

Failure to give such notice shall not bar any claim (1) if the employer had knowledge of the injury or death, (2) if the employee had no knowledge that the condition or disease arose out of and in the course of employment, or (3) if the Commission excuses such failure on the grounds that for some satisfactory reason such notice could not be given. Objection to failure to give notice must be made at or before the first hearing on the claim

#### Statutory Information:

Ark. Code Ann. § 11-9-514(b) states: "Treatment or services furnished or prescribed by any physician other than the ones selected according to the foregoing, except emergency treatment, shall be at the claimant's expense."

Ark. Code Ann. § 11-9-514(f), however, indicates: When compensability is controverted, subsection (b) shall not apply if:

- (1) The employee requests medical assistance in writing prior to seeking the same as a result of an alleged compensable injury, and
- (2) The employer refuses to refer the employee to a medical provider within forty-eight (48) hours after such written request as provided above; and
- (3) The alleged injury is later found to be a compensable injury; and
- (4) The employer has not made a previous offer of medical treatment.

If you have any questions regarding your rights under the Arkansas workers' compensation laws, you may call an Arkansas Workers' Compensation Commission legal advisor at our toll-free number listed above.

All employers who come within the operation of the Arkansas workers' compensation laws and have complied with its provisions must post this notice in a CONSPICUOUS place in or about their place or places of business.

**P**

**Wesco Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

POLICY PERIOD

WWC3216474

FROM: 6/30/2016

TO: 6/30/2017

INSURED

Personnel Staffing Group, LLC  
DBA: Barnett Management

Arkansas law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and shall apply separately to each claim for bodily injury or disease, regardless of the number of people who sustain injury by such claim. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH CLAIM**

- ☐ \$1,000  
☐ \$1,500  
☐ \$2,000  
☐ \$2,500  
☐ \$3,000  
☐ \$3,500  
☐ \$4,000  
☐ \$4,500  
☐ \$5,000

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.  
☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the Arkansas Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

AR-SDEF 01 (11/03)



## State of Connecticut Workers' Compensation Commission

# Notice to Employees

## Workers' Compensation Act

Chapter 568 of the Connecticut General Statutes (the Workers' Compensation Act) requires your employer,

**Personnel Staffing Group, LLC**  
**DBA: Barnett Management**

to provide benefits to you in case of injury or occupational disease in the course of employment.

Section 31-294b of the Workers' Compensation Act states: "Any employee who has sustained an injury in the course of his employment shall immediately report the injury to his employer, or some person representing his employer. If the employee fails to report the injury immediately, the commissioner may reduce the award of compensation proportionately to any prejudice that he finds the employer has sustained by reason of the failure, provided the burden of proof with respect to such prejudice shall rest upon the employer." Such an injury report by the employee is NOT an official written notice of claim for workers' compensation benefits. (The Form 30C is necessary to satisfy this requirement.)

The INSURANCE COMPANY or SELF-INSURANCE ADMINISTRATOR is:

<b>Name</b>	<b>Wesco Insurance Company</b>		
<b>Address</b>	<b>800 Superior Avenue East, 21st Floor</b>	<b>Telephone</b>	<b>877-528-7878</b>
<b>City/Town</b>	<b>Cleveland, OH 44114</b>		
		<b>Approved Medical Care Plan</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

The State of Connecticut Workers' Compensation Commission office for this workplace is located at:

<b>Address</b>			<b>Telephone</b>		
<b>City/Town</b>		<b>State</b>		<b>Zip Code</b>	

Any questions as to your rights under the law or the obligations of the employer or insurance company should be addressed to the employer, the insurance company or the Workers' Compensation Commission (1-800-223-9675).

THIS NOTICE MUST BE IN TYPE OF NOT LESS THAN TEN POINT BOLD-FACE AND POSTED IN A CONSPICUOUS PLACE IN EACH PLACE OF EMPLOYMENT. FAILURE TO POST THIS NOTICE WILL SUBJECT THE EMPLOYER TO STATUTORY PENALTY (Section 31-279 C.G.S.).

**Date**  
**Posted**

TO THE EMPLOYER: THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE UPON  
YOUR PREMISES.

# NOTICE

## REGARDING WORKERS' COMPENSATION INSURANCE

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ALL WORKERS EMPLOYED BY THE UNDERSIGNED ARE  
HEREBY NOTIFIED THAT THE EMPLOYER HAS  
COMPLIED WITH THE LAW AS TO SECURING THE  
PAYMENT OF COMPENSATION TO EMPLOYEES AND  
THEIR DEPENDENTS, IN ACCORDANCE WITH THE  
PROVISIONS OF WORKERS' COMPENSATION LAW.

Personnel Staffing Group, LLC  
DBA: Barnett Management

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Employer

---

Date

By

---

Employer's Authorized Agent

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An employee receiving an injury by accident must immediately notify his/her  
supervisor, superintendent, or the undersigned, who will provide medical attendance.

Claims for compensation must be made in writing and given to the employer. Forms for giving notice of  
injury and making claim for compensation will be furnished by the employer; by the surety,

or upon application, by the Industrial Commission in Boise, Idaho.

ICREV 11/94.EMP

## COMMONWEALTH OF KENTUCY WORKERS COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name: **Personnel Staffing Group, LLC**

Address: **1751 Lake Cook Road, Suite 600, Deerfield, IL 60015**

Workers Compensation Carrier

(or third party administrator) **Amtrust Claims**

Policy #: **WWC3216474** effective **6/30/2016** to **6/30/2017**

Address: **P.O. Box 740042, Atlanta, GA 30374-0042**

Telephone: **888-239-3909**

Contact Person: **Claim Dept.**

EMPLOYEES: IF INJURED -- NOTIFY your supervisor IMMEDIATELY; when possible Notice should be in writing. FAILURE to notify your supervisor could result in denial of benefits. OBTAIN MEDICAL CARE. Your employer must pay for ALL NECESSARY MEDICAL CARE to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan employee selection of physicians is LIMITED to the Approved Provider Network, except in certain emergencies. FOR INJURIES REQUIRING CONTINUING CARE the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN, a form to do so will be furnished by your employer or its insurance carrier.

This employer IS ☐ IS NOT ☐ participating in a Managed Care Plan for medical care. The name of the Managed Care Plan is \_\_\_\_\_, its representative is \_\_\_\_\_, phone number \_\_\_\_\_.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) days of disability. A CLAIM MUST BE filed with the Department of Workers Claims WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers compensation rights are not promptly answered call The Kentucky Department of Workers Claims at 1-800-554-8601 to speak to an Ombudsman or Workers Compensation Specialist.

EMPLOYER SUPERVISORS -- NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Wesco Insurance Company

NAME OF INSURANCE COMPANY

800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

ADDRESS OF INSURANCE COMPANY

WWC3216474

6/30/2016 to 6/30/2017

POLICY NUMBER

EFFECTIVE DATES

AmWINS Specialty Casualty Solutions,  
LLC

10 South LaSalle Street Suite 2000,  
Chicago, IL 60603

(312) 601-9254

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Personnel Staffing Group, LLC  
EMPLOYER

1751 Lake Cook Road, Suite 600, Deerfield, IL 60015  
ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

Missouri

**Workers Compensation**

**Notices to Policyholder**

1. **We will make available Safety Engineering and Management consultation services to each Missouri policyholder requesting these services in writing. For further information or to request a consultation, please contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

2. **The Missouri Division of Workers' Compensation offers free safety services to Missouri employers through its Missouri Workers' Safety Program (MWSP). MWSP's main goal is to help employers control workers' compensation costs. The Division also certifies Missouri insurance carriers' safety engineering and management programs that are available to insured's upon request. Employers may contact MWSP at 573-526-5757, email [MWSP@labor.mo.gov](mailto:MWSP@labor.mo.gov) for more information about workplace safety or for a registry of safety consultants and safety engineers who are certified by the Division.**

Phone: 573-526-5757  
Email: [MWSP@labor.mo.gov](mailto:MWSP@labor.mo.gov)  
Website: [www.labor.mo.gov/MWSP](http://www.labor.mo.gov/MWSP)  
Mailing Address:  
3315 W, Truman Blvd.  
P.O. Box 58  
Jefferson City, MO 65102-0058

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form MO LC-3

Missouri  
April 2004

# EMPLOYER NOTICE

**From the Missouri Division of Workers' Compensation**

**How much money and time did your company lose last year due to work place accidents and injuries? Have you ever wondered what you could do to minimize or control these costs? Well there is a way. SAFETY PAYS.**

**The Missouri Workers' Safety program can help you identify ways to control your workers' compensation costs. Our experienced safety professionals will work with you and your insurance carrier to minimize your costs associated with work place accidents and injuries.**

**For more information about controlling  
your workers' compensation costs  
contact:**

**The Missouri Workers' Safety Program**  
PO Box 58  
Jefferson City, MO 65102  
Phone: (573) 526-3504  
E-mail: [ckoetting2@central.dolir.state.mo.us](mailto:ckoetting2@central.dolir.state.mo.us) or  
[Leon.Lawson@dolir.mo.gov](mailto:Leon.Lawson@dolir.mo.gov)



**SAVE MONEY ON  
WORKERS' COMP**

**The Missouri Workers' Safety Program is a free service to Missouri employers.  
The only goal of the program is to help employers control their costs related to Workers' Compensation.  
Any information obtained is confidential and will not be relased to any other entity without your  
permission.**

## Wesco Insurance Company

**IMPORTANT NOTICE**  
**SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

POLICY PERIOD

WWC3216474

FROM: 6/30/2016 TO: 6/30/2017

INSURED

Personnel Staffing Group, LLC

Missouri law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each accident or disease. The deductible shall apply, in the case of accidents, to all bodily injury by accident and, in the case of disease, to each employee for bodily injury by disease. The deductibles available are as follows:

## DEDUCTIBLE AMOUNT EACH ACCIDENT OR DISEASE

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$100   | <input type="checkbox"/> \$2,000  |
| <input type="checkbox"/> \$200   | <input type="checkbox"/> \$2,500  |
| <input type="checkbox"/> \$300   | <input type="checkbox"/> \$5,000  |
| <input type="checkbox"/> \$400   | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$500   | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$1,500 |                                   |

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the Missouri Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

MO-SDEF 01 (01/04)

STATE OF NEW HAMPSHIRE  
**WORKERS' COMPENSATION LAW**  
NOTICE OF COMPLIANCE

TO EMPLOYEES

- 1 You are required by law (RSA 281-A:19) to report promptly to your employer an occupational injury or disease, even if you deem it to be minor. Form No. 8a WCA, Notice of Accidental Injury or Occupational Disease, may be used for that purpose (RSA 281-A:20,21). After you have completed and made it available to him or her, your employer must acknowledge receipt by signing and giving you a copy.
- 2 You are entitled to the services of a physician. This physician shall be within a managed care network, if applicable under RSA 281-A:23a.
- 3 You may not sue your employer as a result of a work-connected injury or disease by reason of your eligibility for benefits under the Workers' Compensation Law.

TO EMPLOYERS

- 1 You are required to display this poster so that it will be of the greatest possible benefit to your employees (RSA 281-A:4).
- 2 You are required to file an Employer's First Report of Injury or Occupational Disease, form No. 8 WC, with the Labor Commissioner, copy to the nearest claims office of your insurance carrier, on all occupational injuries or diseases resulting in one visit to a physician, other than a house physician, as soon as possible but no later than five days after the date of knowledge thereof (RSA 281-A:53, I).
- 3 You are required to report to the Labor Commissioner, copy as in 2 above, any occupational disability, whether total or partial, of four or more days (RSA 281-A:22), on an Employer's Supplemental Report of Injury, form No. 13 WCA, as soon as possible, but no later than ten days after the date of knowledge thereof (RSA 281-A:53, I and II).
- 4 You are required to furnish, or cause to be furnished, reasonable medical and hospital services, other remedial care or vocational rehabilitation, and various types of disability compensation, to an injured or disabled employee in accordance with RSA 281-A:23, 25, 26, 28, 29, 31, 32.
- 5 All employers with 5 or more full time employees shall develop temporary alternative work opportunities for injured employees in accordance with RSA 281-A:23-b. Employers may be obligated to reinstate employees sustaining a compensable injury in accordance with RSA 281-A:25-a.
- 6 You are required to obtain from the carrier identified below a supply of all required workers' compensation forms.  
NOTICE – Violation of the various provisions of the Workers' Compensation Law carries civil penalties, court fines, or both.

Kathryn J. Barger  
Deputy Labor Commissioner

James W. Craig  
Commissioner of Labor

The undersigned employer hereby gives notice of compliance with all provisions of the Workers' Compensation Law and Administrative Regulations of the Labor Commissioner of the State of New Hampshire pursuant to Revised Statutes Annotated, Chapter 281-A, as amended.

Name of Insurance Company  
Or self-insurer:

Wesco Insurance Company To report  
injuries: 888-629-1420  
For claim questions contact:  
Amtrust Claims 888-629-1420

Name of Employer:  
Personnel Staffing Group, LLC

By \_\_\_\_\_  
010759364

Employer Identification No.  
(If number unknown, Employer to request from IRS)

This notice must be posted conspicuously in and about the Employer's place or places of business.  
Prescribed by Labor Commissioner  
State of New Hampshire  
WCP-1 (04-14)

ESTADO DE NEW HAMPSHIRE  
LEY DE COMPENSACIÓN PARA TRABAJADORES  
AVISO DE LA CONFORMIDAD

A LOS EMPLEADOS

- 1 Cerca le requieren (RSA 281-A:19) divulgar puntualmente a su patrón lesión o una enfermedad ocupacional, incluso si usted la juzga para ser de menor importancia. Forme No. 8a WCA, aviso de lesión accidental o la enfermedad profesional, se puede utilizar para ese propósito (RSA 281-A:20,21). Después de que usted la haya terminado y haya puesto a disposición él o ella, su patrón debe recibo del acknowledge firmando y dándole una copia.
- 2 Le dan derecho a los servicios de un médico. Este médico estará dentro de una red manejada del cuidado, si RSA inferior aplicable 281-A:23a.
- 3 Usted no puede demandar a su patrón como resultado de lesión o de una enfermedad trabajar-conectada por causa de su elegibilidad para las ventajas debajo de Workers' Ley De la Remuneración.

A LOS PATRONES

- 1 Le requieren exhibir este cartel de modo que esté de la ventaja posible más grande a sus empleadso (RSA 281-A:4).
- 2 Le requieren archivar un informe de Employer's primer de lesión o de la enfermedad profesional, WC de la forma No. 8, con la comisión de trabajo, copia a la oficina más cercana de las demandas de su portador de seguro, en todas las lesiones o enfermedades ocupacionales dando por resultado una visita a un médico, con excepción de un médico de la casa, cuanto antes pero no más adelante de de cinco días después de la fecha del conocimiento (RSA 281-A:53i).
- 3 Le requieren divulgar a la comisión de trabajo, copia como en 2 arriba, cualquier inhabilidad ocupacional, si total o parcial, de cuatro o más días (RSA 281-A:22), en un informe suplemental de Employer's de lesión, forma No. 13 WCA, cuanto antes, pero no más adelante de diez días después de la fecha del conocimiento (RSA 281-A:53, i e II).
- 4 Le requieren equipar, o haga ser equipado, los servicios médicos y del hospital razonables, el otro cuidado remediador o los tipos vocacionales del rehabilitación, y varios de pensión por invalidez, a un empleado dañado o lisiado de acuerdo con RSA 281-A:23, 25, 26, 28, 29, 31, 32.
- 5 Todos los patrones con empleados 5 o más a tiempo completo desarrollarán las oportunidades alternativas temporales del trabajo para los empleados dañados de acuerdo con RSA 281-A:23-b. Los patrones pueden ser obligados reinstalar a empleados que sostienen lesión compensable de acuerdo con RSA 281-A:25-a.
- 6 Le requieren obtener del portador identificado debajo de una fuente de las formas de la remuneración de todos los trabajadores requeridos. AVISO - la violación de las varias provisiones de la ley de la remuneración de los trabajadores lleva penas, multas de la corte, o ambas civiles.

Kathryn J. Barger  
Deputado Comisionado de Trabajo

James W. Craig  
Comisionado de Trabajo

El patrón infrascrito da por este medio el aviso de la conformidad con todas las provisiones de la ley de la remuneración de los trabajadores y de las regulaciones administrativas de la comisión de trabajo del estado de New Hampshire conforme a los estatutos revisados anotados, capítulo 281-A, según la enmienda prevista.

Nombre de la compañía de seguros

Wesco Insurance CompanyPara  
informar de las lesiones:  
888-629-1420En caso de contacto  
preguntas  
de reclamación :  
Amtrust Claims 888-629-1420

Nombre del patrón:  
Personnel Staffing Group, LLC

Por \_\_\_\_\_  
010759364

No. De la Identificación Del Patrón.

(si desconocido, patrón del número a solicitar el IRS)

Este aviso se debe fijar visible en y sobre el lugar de Employer's o los lugares del negocio

Prescrito por la comisión de trabajo

Estado de New Hampshire

WCP-1 (04-14)



## STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR

### PROTECTIVE LEGISLATION LAW

Wages In this Establishment Will Be Paid On:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAYMENT OF WAGES.** All wages due an employee must be paid within eight days after the expiration of the week in which work is performed. The Labor Commissioner may, upon written petition showing good and sufficient reason, permit payment of wages less frequently, except it shall be at least once each calendar month.

**NOTICE TO EMPLOYEE.** Employer must notify employee in writing when hiring of the rate of pay, or any changes prior to change; make available in writing, or by posted notice, employment practices and policies on vacation pay, sick leave and other fringe benefits; furnish employee statement of deductions each payday.

**LUNCH OR EATING PERIOD.** An employer may not require an employee to work more than five consecutive hours without granting him a one half-hour lunch or eating period, except if it is feasible for the employee to eat during the performance of his/her work, and the employer permits him/her to do so.

**ACCESS TO PERSONNEL FILE.** Every employer shall provide a reasonable opportunity for an employee who so requests to inspect such employee's personnel file and upon request provide such employee with a copy of all or part of the file.

**WITHHOLDING WAGES.** Employer may not withhold or divert any portion of an employee's wages unless required or empowered by state or federal law; or unless by written authorization by the employee for a lawful purpose accruing to the benefit of the employee, per regulation promulgated by the Commissioner.

**EMPLOYEES SEPARATED.** When an employee quits, resigns, or is suspended because of labor dispute wages must be paid not later than the next regular payday or by mail if the employee so requests. Employees discharged must be paid in full within seventy-two hours. Willful failure to pay as above subjects employer to liquidated damages of ten percent of the unpaid wages for each day except Sunday and legal holidays. In case of dispute over amount due, employer shall pay amount conceded by him to be due, leaving employee remedies of law for balance.

The acceptance of payment by employee shall not constitute a release to the balance of a claim and any release required by an employer as a condition of payment shall be null and void and in violation of the law.

### REQUIRED PAY

On any day an employee reports to work at an employer's request, the employee shall be paid not less than 2 hours pay at their regular rate of pay. This does not apply to employees of counties or municipalities.

### CIVIL PENALTY

There may be a minimum civil penalty of \$100.00 per violation of any section of the New Hampshire Labor Laws.

Inspection Division  
P.O. Box 2076  
Concord, NH 03302-2076  
Telephone – (603) 271-1492 & 271-3176

David M. Wihby  
Deputy Labor Commissioner

George Copadis  
Labor Commissioner

**THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE**



# State of New Hampshire Department of Labor

## Criteria to Establish an Employee or Independent Contractor

**“Employee” means** and includes every person who may be permitted, required, or directed by any employer, in consideration of direct or indirect gain or profit, to engage in any employment, but shall not include any person exempted from the definition of employee as stated in RSA 281-A:2, VI(b)(2), (3), or (4), or RSA 281-A:2, VII(b), or a person providing services as part of a residential placement for individuals with developmental, acquired, or emotional disabilities, or any person who meets all of the following criteria:

- (a) The person possesses or has applied for a federal employer identification number or social security number, or in the alternative, has agreed in writing to carry out the responsibilities imposed on employers under this chapter.
- (b) The person has control and discretion over the means and manner of performance of the work, in that the result of the work, rather than the means or manner by which the work is performed, is the primary element bargained for by the employer.
- (c) The person has control over the time when the work is performed, and the time of performance is not dictated by the employer. However, this shall not prohibit the employer from reaching an agreement with the person as to completion schedule, range of work hours, and maximum number of work hours to be provided by the person, and in the case of entertainment, the time such entertainment is to be presented.
- (d) The person hires and pays the person’s assistants, if any, and to the extent such assistants are employees, supervises the details of the assistants’ work.
- (e) The person holds himself or herself out to be in business for himself or herself or is registered with the state as a business and the person has continuing or recurring business liabilities or obligations.
- (f) The person is responsible for satisfactory completion of work and may be held contractually responsible for failure to complete the work.
- (g) The person is not required to work exclusively for the employer.

Inspection Division  
P O Box 2076  
Concord NH 03302-2076  
(603) 271-1492 & 271-3176

David Wihby  
Acting Labor Commissioner

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**Eff. 08/06/12**



## STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR

### THE WHISTLEBLOWERS' PROTECTION ACT RSA 275-E

An employer cannot discharge, threaten, or discriminate against any public or private employee

- IF the employee, in good faith, reports or causes an alleged violation to be reported
- OR participates in an investigation, hearing or inquiry conducted by any governmental agency or any court
- OR the employee refuses to execute a directive which violates any law or rule adopted by this state or political subdivision of the United States.

ONLY if the employee first brought the alleged violation to the attention of a person with supervisory authority, unless the employee believes reporting to the employer is futile.

### RIGHTS AND REMEDIES RSA 275-E:4

After the employee has made a reasonable effort to maintain or restore his/her rights through any grievance procedure or similar process available with the employer

And has filed the written complaint with the New Hampshire Department of Labor.

He/she may request a hearing with the New Hampshire Department of Labor, which can result in a judgment to order reinstatement, payment of fringe benefits, seniority rights, and injunctive relief would be available.

### ADDITIONAL RIGHTS AND REMEDIES FOR PUBLIC EMPLOYEES ONLY RSA 275-E:8 and 9

Public employees [*of the state, counties or municipalities*] can issue complaints to the New Hampshire Department of Labor, who has the authority to investigate complaints or information concerning the possible existence of any activity constituting fraud, waste, or abuse in the expenditure of any public funds, whether state or local, or relating to programs and operations involving the procurement of any supplies, services, or construction by governmental entities within the state.

The identity of the person who filed the complaint shall not be disclosed without his or her written consent, unless such disclosure is to a law enforcement agency that is conducting a criminal investigation.

No governmental entity shall take any retaliatory action against a public employee who, in good faith, files a complaint under this section and the public employee shall be afforded all protections under RSA 275-E:2.

No governmental entity shall threaten, discipline, demote, fire, transfer, reassign, or discriminate against a public employee who files a complaint with the department of labor under RSA 275-E:8 or otherwise discloses or threatens to disclose activities or information that the employee reasonably believes violates RSA 275-E:2, represents a gross mismanagement or waste of public funds, property, or manpower, or evidences an abuse of authority or a danger to the public health and safety.

Inspection Division  
PO Box 2076  
Concord NH 03302-2076  
Telephone – (603) 271-1492 & 271-3176

David M. Wihby  
Acting Labor Commissioner

**THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE**



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
NEW HAMPSHIRE MINIMUM WAGE LAW**

Revised Statutes Annotated Chapter 279, as amended

Unless otherwise provided by statute, no person, firm, or corporation shall employ any employee at an hourly rate lower than that set forth in the federal minimum wage law, as amended.

**\$7.25 PER HOUR EFFECTIVE SEPTEMBER 1, 2008**

**Exempt from RSA 279 are:**

Employees engaged in Household Labor, Domestic Labor, Farm Labor, Outside Sales Representatives, Summer Camps for Minors, Newspaper Carriers, Non-Professional Ski Patrol and Golf Caddies.

**OVERTIME PAY.** Those employees covered by RSA 279, with the following exceptions, shall in addition to their regular compensation, be paid at the rate of time and one-half for all time worked in excess of 40 hours in any one week:

- (a) Any employee employed by an amusement, seasonal, or recreational establishment if:
  - (1) it does not operate for more than 7 months in any calendar year; or
  - (2) during the preceding calendar year, its average receipts for any 6 months of such year were not more than 33 1/3 percent of its average receipts for the other 6 months of such year.
- (b) Any employee of employers covered under the provisions of the Federal Fair Labor Standards Act.

Tipped employees of a restaurant, hotel, motel, inn or cabin, who customarily and regularly receive more than \$30 a month in tips directly from the customers will receive a base rate from the employer of not less than 45 percent of the applicable minimum wage. Restaurant shall include an establishment in a temporary or permanent building, kept, used, maintained, advertised, and held out to the public to be a place where meals are regularly prepared or served for which a charge is made and where seating and table service is available for customers or where delivery services are available. The term does not include establishments which do not primarily prepare and serve food. Tipped employees shall also include employees who deliver meals prepared in a restaurant to the customer's home, office, or other location. If an employee shows to the satisfaction of the commissioner that the actual amount of wages received at the end of each pay period did not equal the minimum wage for all hours worked, the employer shall pay the employee the difference to guarantee the applicable minimum wage.

**RECORDS.** Every employer of employees shall keep a true and accurate record of the hours worked by each, wages paid to each, and classification of employment when necessary.

**NEW HAMPSHIRE YOUTH EMPLOYMENT LAW**

No youth under the age of 16 shall be employed or permitted to work without first obtaining a New Hampshire Youth Employment Certificate except for his/her parents, grandparents, guardian, or at work defined as casual or farm labor. **Certificates shall be obtained by an employer within 3 business days of the first day of employment.** Copies of certificates shall be kept on file by all employers of youths. An employer shall not employ a youth 16 or 17 years of age, unless the employer obtains and maintains on file a signed written document from the youth's parent or legal guardian permitting the youth's employment. The parental permission shall be on file at the establishment's worksite prior to the first day of employment. Written parental permission is not required for a 16 or 17 year old youth who has graduated from high school or obtained a general equivalency diploma.

**INSPECTION DIVISION  
P.O. BOX 2076,  
CONCORD, NH 03302-2076  
(603) 271-1492 & 271-3176**

**David Wihby  
Deputy Labor Commissioner**

**George Copadis  
Labor Commissioner**

**THIS NOTICE MUST BE POSTED IN A CONSPICUOUS PLACE**

# **EMPLOYEES**

## **YOU HAVE A RIGHT TO KNOW ABOUT TOXIC SUBSTANCES USED IN THIS WORKPLACE**

The New Hampshire “Right to Know” law (RSA 277-A) guarantees that:

- You be notified by a posting of the long and short-term health hazards of all toxic substances that you may come into contact with.
- You be trained by your employer in the safe use and handling of these toxic materials.
- You have the right to request complete information, in the form of a Material Safety Data Sheet, from your employer on any toxic substance you may have contact with. Your employer must respond to this request within five working days.

To learn more about the toxic materials used in this workplace, and to obtain Material Safety Data Sheets, contact the employer representative listed below.

Personnel Staffing Group, LLC  
DBA: Barnett Management  
\_\_\_\_\_  
(EMPLOYERS NAME)

NH DEPARTMENT OF LABOR  
PO BOX 2076  
CONCORD NH 03302-2076

David M. Wihby  
Deputy Labor Commissioner

George N. Copadis  
Labor Commissioner

Rev: 12/04

## Wesco Insurance Company

### IMPORTANT NOTICE SMALL DEDUCTIBLE ELECTION FORM

POLICY NUMBER  
WWC3216474

POLICY PERIOD  
FROM: 6/30/2016 TO: 6/30/2017

INSURED  
Personnel Staffing Group, LLC  
DBA: Barnett Management

New Hampshire law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies either on a per claim or on a per accident or disease basis. The deductibles available are as follows:

DEDUCTIBLE AMT EACH CLAIM	DEDUCTIBLE AMT EACH ACCIDENT OR DISEASE
<input type="checkbox"/> \$500	<input type="checkbox"/> \$500
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000
<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$5,000

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the New Hampshire Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

**STATE OF NEW HAMPSHIRE****Department of Labor**

P.O. Box 2080

Concord, NH 03302-2080

(603) 271-3175

**EXCLUSION OF EXECUTIVE OFFICERS OR MEMBERS  
INCLUSION OF SOLE PROPRIETORS OR PARTNERS****Instructions:**

**Exclusions:** Any executive officers or members in excess of **THREE** are considered employees and cannot be excluded. A new form must be filed any time there is a change in the three or less executive officers or members that are being excluded. Each time the form is completed **ALL** excluded officers or members must be listed. A new 6WCex voids any previously filed 6WCex form. A copy of this form shall be sent to each executive officer or members listed below by **Certified Mail**.

**Inclusions:** Any changes to elective coverage may be listed in Section 4.

**1.** Date: 7/5/2016 Effective date: 6/30/2016

**CARRIER INFORMATION:**

663 Wesco Insurance Company, 800 Superior Avenue East, 21st Floor, Cleveland, OH 44114  
Carrier No. Carrier Name and Address

**AGENT INFORMATION:**

AmWINS Specialty Casualty Solutions, LLC (312) 601-9254  
Agent Name and Phone Number

**EMPLOYER INFORMATION:**

010759364 Personnel Staffing Group, LLC, 1751 Lake Cook Road, Deerfield IL 60015  
Employer Federal ID No. Employer Name and Address

**2. EXCLUDED OFFICERS OR MEMBERS:**

(Specific title must be provided. If a corporation, title such as President, Vice President, Treasurer or Secretary. If Limited Liability Co., Member or Manager)

- -		
Social Security Number/DOB	Name and Address	Specific Title
- -		
Social Security Number/DOB	Name and Address	Specific Title
- -		
Social Security Number/DOB	Name and Address	Specific Title

**3.** ☐ All officers or members no longer excluded.

**4.** This section is for elective coverage **ONLY** per RSA 281-A:2 VI (a)

Social Security Number	Date of Birth	Name
Social Security Number	Date of Birth	Name
Social Security Number	Date of Birth	Name

**Wesco Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

POLICY PERIOD

WWC3216474

FROM: 6/30/2016 TO: 6/30/2017

INSURED

Personnel Staffing Group, LLC  
DBA: Barnett Management

Georgia law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each claim. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH CLAIM**

- |                                |                                  |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$300 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$400 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$500 |                                  |

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the Georgia Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

GA-SDEF 01 (11/03)

**Wesco Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

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Personnel Staffing Group, LLC  
DBA: Barnett Management

South Carolina law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each claim. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH CLAIM**

- ☐ \$100  
☐ \$200  
☐ \$300  
☐ \$400  
☐ \$500  
☐ \$1,000  
☐ \$1,500  
☐ \$2,000  
☐ \$2,500

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the South Carolina Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

SC-SDEF 01 (11/03)

**NOTICE**

**The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the**

**Wesco Insurance Company**

**for the period**

<b>Beginning</b>	6/30/2016	<b>Ending</b>	6/30/2017
	Personnel Staffing Group, LLC		
<b>Employer</b>	DBA: Barnett Management		

**In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.**

**AVISO**

**El patrón avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Artículo 5, revisión de estatutos del Estado de New Jersey, asegurándolos con.**

**Wesco Insurance Company**

**por el periodo**

**Comenzando** 6/30/2016

**Terminando** 6/30/2017

**Patrón** Personnel Staffing Group, LLC  
DBA: Barnett Management

**De acuerdo con la ley mencionada arriba, esta noticia debe ser colocada y mantenida en un lugar visible en todos los lugares de trabajo.**

# Wesco Insurance Company

## IMPORTANT NOTICE SMALL DEDUCTIBLE ELECTION FORM

### For Policies with Premiums over \$12,000 only

POLICY NUMBER  
WWC3216474

POLICY PERIOD  
FROM: 6/30/2016 TO: 6/30/2017

INSURED  
Personnel Staffing Group, LLC  
DBA: Barnett Management

New York law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each claim. The deductibles available are as follows:

#### DEDUCTIBLE AMOUNT EACH CLAIM

- |                                |                                  |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$300 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$400 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$5,000 |

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. The maximum amount you are obligated to reimburse us is an amount equal to your estimated annual premium at policy inception. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the New York Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

**This notice must be posted and maintained by the employer in one or more conspicuous places.**

# NOTICE

## YOUR EMPLOYER IS SUBJECT TO THE KANSAS WORKERS COMPENSATION LAW WHICH PROVIDES COMPENSATION FOR JOB-RELATED INJURIES

**1-800-332-0353**

**WHAT TO DO IF AN INJURY OCCURS ON THE JOB** - Notify your employer immediately. **Your claim may be denied if you fail to tell your employer within 10 days of the injury.** For just cause you may have 75 days to tell the employer of your injury. Thereafter you must file a written claim within 200 days of the accident or last date benefits are paid. Submission of Employer's Report of Accident does not constitute a written claim.

**MEDICAL BENEFITS** - An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00.

**WEEKLY BENEFITS** - Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3% of his average weekly wage up to a maximum of 75% of the state's average weekly wage. These benefits are subject to legislative changes and for the latest information on benefit levels, please contact the Division at the address and phone number below. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

### HELPFUL INFORMATION - OMBUDSMAN WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM

Contact the Ombudsman/Claims Advisory Section at the Kansas Division of Workers Compensation immediately if you do not receive compensation in a timely manner. The Division of Workers Compensation has full-time personnel who specialize in aiding injured workers with claim problems. They can give information on what benefits an injured worker is entitled to receive. Such problems as benefits not being paid on time, unpaid medical bills, questions in regard to proper settlement amounts, etc., should be brought to the attention of the Division's Ombudsman/Claims Advisory Section. Injured workers may use our toll free telephone number 1-800-332-0353.

### INFORMACIÓN SOBRE COMPENSACIÓN DE TRABAJADORES

La ley exige que cuando un trabajador llega a sufrir un accidente, una herida, o una enfermedad a causa de su empleo, el empleador debe proporcionarle al trabajador incapacitado tratamiento médico y otros beneficios sin ningún costo al trabajador. El trabajador incapacitado tiene derecho a recibir un sueldo reducido, mientras se restablece. La ley también protege los derechos del trabajador incapacitado en otras maneras, por ejemplo: se prohíbe el desempleo de un trabajador solo por haber reclamado los beneficios de la compensación de trabajadores. Reporte cada accidente o lastimadura industrial inmediatamente al patrón, o al

Su reclamo puede ser negado si usted no notifica (avisa) a su empleador (patrón) dentro de 10 días del

empleador.

**accidente o lastimadura.** Por buena causa usted puede tener 75 días para avisarle a su empleador (patrón) de su accidente o lastimadura. De allí en adelante, usted debe entregar un aviso por escrito dentro de 200 días del accidente o último día que recibió tratamiento médico, o que recibió beneficios. Un reporte de accidente no constituye un aviso por escrito. Para más información acerca de los beneficios o para recibir asistencia con un reclamo, llame al teléfono 1-800-332-0353 (gratis) o al 785-296-2996.

### WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM:

Current claims are being administered by Amtrust Claims

Their claims office is located at P.O. Box 105010, Atlanta, GA 30348-5074

telephone 678-258-8532



#### DIVISION OF WORKERS COMPENSATION

KANSAS DEPARTMENT OF HUMAN RESOURCES

800 SW JACKSON ST STE 600, TOPEKA KS 66612-1227

Telephone Number (785) 296-2996

Web Site: <http://www.hr.state.ks.us/wc/html/wc.htm>

E-Mail: [workerscomp@hr.state.ks.us](mailto:workerscomp@hr.state.ks.us)

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at 1-800-766-3777.

**Kansas**

**Workers Compensation and Employers Liability**

**Notice to Policyholders**

**Wesco Insurance Company provides certain accident prevention services as required by Kansas Code 44-5, 104 to their policyholders at no additional cost. If you would like more information, please contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

**English and Spanish versions of the Workers' Compensation Information Booklets (K-WC25 and K-WC250) and "Important Information for Injured Employees" (K-WC 27 and K-WC 270) are included with this Notice as required by Kansas Law 44-5, 101 and 102.**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form KS LC-1

Kansas

## **Workers Compensation**

### **Notice to Policyholder**

**Wesco Insurance Company is required by law to provide its policyholders with certain workplace safety services including, but not limited to surveys, recommendations, training programs, consultations, analysis of accident causes, industrial hygiene and industrial health services.**

**If you would like information, please call or contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form OK LC-1

Oklahoma

Form 1A

***Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees***

All Employees of this employer who are entitled to benefits of the Workers' Compensation Act are hereby notified that this employer has complied with all rules of the Workers' Compensation Court and that this employer has secured payment of compensation for all employees and their dependents in accordance with the Act. All employees are further notified this employer will furnish first aid, medical, surgical and any other like services required by law as well as payments of compensation awarded by the Workers' Compensation Court to any injured employee.

Any employee who has suffered an accidental injury or occupational disease covered by the Workers' Compensation Act shall be entitled to vocational rehabilitation services, including retraining and job placement, if, as a result of the injury, the employee is unable to perform the same occupational duties the employee was performing prior to the injury.

**NOTE: A voluntary Mediation Program to address certain workers' compensation disputes is available through the Workers' Compensation Court. For information, call (405) 522-8760 or (800) 522-8210.**

In compliance with 85 O.S., § 3.9, the Oklahoma Workers' Compensation Court has a counselor program to provide information to injured workers and employers. The counselors shall assist unrepresented parties to enable them to protect their rights under the workers' compensation system.



Signature of Employer  
Wesco Insurance Company  
877-528-7878

Insurer & Insurer Phone Number

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**Employee's Responsibilities in Case of Accidental Injury or Occupational Disease**

If accidentally injured or affected by an occupational disease arising out of and in the course of employment, however slight, the employee should notify the employer immediately. If this employer is a partnership, notice shall be given to any partner. If this employer is a corporation, notice shall be given to any agent or officer of the corporation upon whom legal process may be served. Notice shall also be given to the person in charge of business at the location of operations where the injury occurred. Unless notice is given to the employer or medical treatment is rendered within thirty (30) days of injury, any claim for compensation may be forever barred.

If accidentally injured or affected by an occupational disease, the employee may file a claim for compensation with the Workers' Compensation Court. This employer is required to furnish the employee with appropriate forms to file a compensation claim.

If a claim for compensation for any accidental injury or death is not filed with the Court within two (2) years from the date of the accidental injury or death or if a claim for compensation for occupational disease or cumulative trauma is not filed within two (2) years of either the last hazardous exposure or from the date the disease first became manifest, which ever last occurred, the claim for compensation may be forever barred. Provided, claims may be filed within two (2) years of the date of last payment of any compensation or remuneration received instead of compensation or within two (2) years from the date of the last medical treatment authorized by the employer.

Any person receiving temporary disability benefits from an employer or the employer's insurance carrier shall promptly report in writing to the employer or insurance carrier any change in a material fact or the amount of income the employer is receiving or any change in the employee's employment status, occurring during the period of receipt of such benefits.

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**Employer's Responsibilities**

The employer must provide employees with immediate first aid, medical and surgical care and other like services necessary. This applies to care for all injuries and illnesses arising out of and in the course of employment, regardless of their character. If an employee is injured and this results in the loss of time beyond his/her shift, or requires medical attention away from the work site (fatal or otherwise), the employer MUST file a Form 2 within ten (10) days of the notice of injury or a reasonable time thereafter. A copy of such Form 2 shall be provided to the employer's workers' compensation insurance carrier, if any.

No agreement by any employee to pay any portion of premiums paid by the employer to maintain or carry compensation insurance as required by law shall be valid. Any employer who deducts money from the wages or salary of any employee for that purpose who is entitled to workers' compensation shall be guilty of a misdemeanor.

If the employer has notice of an undisputed injury and the employer's insurance carrier fails to commence weekly temporary total disability benefit payments due within the time provided by law, the insurer may be subject to a penalty of fifteen percent (15%) of the unpaid or delayed weekly benefits due and payable to the

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No agreement by any employee to waive workers' compensation rights and benefits shall be valid.

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

**Workers' Compensation Court  
1915 North Stiles Avenue  
Oklahoma City, Oklahoma 73105-4918  
(405) 522-8600 WATS # 1-800-522-8210**

Forma 1A

## Aviso E Instrucciones Para Todos Los Empleadores Y Trabajadores Sobre La Compensación Para Los Trabajadores De Oklahoma

Todos los trabajadores (los empleados) de este empleador (de este patrón) que tengan el derecho a recibir beneficios del Acta de Compensación para los Trabajadores son avisados por esta notificación que este empleador ha cumplido con todas las reglas de la Corte de Compensación para los Trabajadores y que este empleador ha obtenido pagos de compensación para todos los trabajadores y sus mantenidos de acuerdo con el Acta. También se les notifica a todos los trabajadores que este empleador proveerá primeros auxilios, servicios de asistencia médica y quirúrgica, y otros servicios similares requeridos por la Ley, así como pagos de compensación adjudicados por la Corte de Compensación para los Trabajadores a cualquier trabajador lesionado (lastimado).

Cualquier trabajador que haya sufrido una lesión accidental o enfermedad profesional (enfermedad que ocurra como resultado de su ocupación) cubierta por el Acta de Compensación para los Trabajadores, tendrá el derecho a recibir servicios de enseñanza de oficios (rehabilitación profesional), incluyendo readiestramiento y colocación de empleo, si, con motivo de una lesión, el trabajador no puede desempeñar los mismos deberes profesionales que el trabajador desempeñaba antes de la lesión. La denegación de aceptar servicios de rehabilitación por parte del trabajador no disminuye en lo más mínimo los beneficios permisibles para el trabajador.

NOTA: Existe un Programa Voluntario de Mediación en ciertos conflictos de compensación laboral, que pone a la disponibilidad de los trabajadores la (405) 522-8760 o (800) 522-8210.

En cumplimiento de 85 O.S. § 3.9, la Corte de Compensación para los Trabajadores de Oklahoma tiene un equipo de consejeros (asesores) para proveerles información a los trabajadores lesionados y a los empleadores. Los consejeros les pueden suministrar ayuda a las personas no representadas por abogados para protegerles sus derechos bajo el sistema de Compensación de Trabajadores.



Firma del Patrón  
Wesco Insurance Company  
877-528-7878

Compañía de Seguros  
Número Telefónico de la Compañía de Seguros

### ***Las Responsabilidades De Los Trabajadores En Caso De Lesión Accidental O Enfermedad Profesional***

Si se lesiona (se lastima) accidentalmente o es afectado por una enfermedad profesional como resultado de, o en el transcurso de, su empleo, aún si es leve, el trabajador debe notificarle al empleador inmediatamente. Si dicho empleador es una sociedad colectiva, se le puede dar notificación a cualquier socio. Si el empleador es una sociedad anónima (corporación), se debe notificar a cualquier agente u oficial de la corporación autorizado a recibir notificación. También se debe dar notificación a la persona que esté a cargo del negocio en el lugar de operación del negocio en donde ocurrió la lesión. A menos que se le haya otorgado notificación al empleador o que se haya otorgado asistencia médica dentro de un plazo de treinta (30) días a partir de la lesión, cualquier reclamo por compensación podría estar exceptuado.

Si el trabajador se lesiona o es afectado por una enfermedad profesional, puede presentarle un reclamo para compensación a la Corte de Compensación para los Trabajadores. El empleador está requerido a proveerle al trabajador las formas apropiadas (los formularios) para poder presentar el reclamo de compensación. Si el trabajador no presenta el reclamo (la demanda) de compensación por lesión accidental o muerte dentro de un plazo de dos (2) años a partir desde la fecha del accidente, lesión o muerte, o si no se presenta un reclamo (demanda) por enfermedad profesional o por trauma acumulativo dentro de un plazo de dos (2) años desde la fecha en que estuvo expuesto al peligro por última vez o la fecha en que la enfermedad se manifestó por primera vez, cualquier reclamo (demanda) de compensación podría ser invalidado permanentemente. Sin embargo, se puede presentar un reclamo dentro de un plazo de dos (2) años a partir de la fecha en que se le dio el último pago de compensación (o remuneración recibida en vez de compensación) o dentro de un plazo de dos (2) años a partir del último tratamiento médico rendido por el empleador.

Cualquier persona que reciba beneficios de incapacidad temporal de un empleador, o de la compañía de seguros ("aseguradora") que asegure al trabajador, deberá reportarle sin demora por escrito al patrón o a la compañía de seguros cualquier cambio en los hechos pertinentes, cambio en la cantidad de ingresos que el trabajador esté recibiendo, o cambio en su situación de empleo, que ocurra durante el plazo de tiempo en el que el trabajador esté recibiendo dichos beneficios.

### ***Responsabilidades Del Empleador***

El empleador debe rendirle de inmediato a los trabajadores primeros auxilios, atención médica, cirugía y otros servicios similares cuando sea necesario. Esto es igualmente aplicable para todas las lesiones y enfermedades que resulten del empleo o durante la labor, sin importar de que tipo sean. Si un trabajador se lesiona (se lastima) y esto resulta en que el trabajador pierda tiempo de trabajo, además del tiempo perdido en su turno de trabajo, o requiere asistencia médica en un lugar fuera del sitio de trabajo (lesión mortal o no), el empleador ESTA OBLIGADO a presentar la Forma 2 dentro de un plazo de diez (10) días a partir del día en que se le notificó que había ocurrido la lesión, o después de un plazo de tiempo razonable. Se le deberá presentar una copia de dicha Forma 2 a la compañía de seguros de Compensación para los Trabajadores, si tiene alguna.

No será válido ningún acuerdo entre un empleador y un trabajador de compartir el pago para mantener en vigor el seguro de compensación tal como lo requiere la Ley. Cualquier empleador que tome deducciones de dinero del sueldo o salario de un trabajador que tenga derecho a la compensación de trabajadores será culpable de un delito menor.

Si el empleador tiene notificación de una lesión incontrovertible y la compañía de seguros del trabajador falla en iniciar los pagos por beneficios semanales de incapacidad total temporal dentro del plazo de tiempo que requiere la Ley, la compañía de seguros puede estar sujeta a la imposición de una sanción del quince por ciento (15%) de los beneficios semanales impagados o pospuestos vencidos y pagaderos al trabajador.

Nunca se considerará válido ningún acuerdo por parte de cualquier trabajador a renunciar a sus derechos o beneficios de compensación para los trabajadores.

Cualquier persona que cometa fraude de compensación para los trabajadores, una vez se le haya procesado, será culpable de un delito mayor.

**Workers' Compensation Court  
1915 North Stiles Avenue  
Oklahoma City, Oklahoma 73105-4918  
(405) 522-8600 WATS # 1-800-522-8210**

**OKLAHOMA WORKERS COMPENSATION MEDICAL OR INDEMNITY DEDUCTIBLE  
ACCEPTANCE/REJECTION FORM**

Oklahoma law requires insurers to offer a medical or indemnity claims deductible on all Oklahoma workers compensation policies. You may choose a medical or indemnity deductible but not both. You may also choose to reject both.

Five medical deductible options are available. You are not required to select the medical deductible option, but if you choose to exercise this option, you may choose only one deductible amount. Please carefully review the requirements for the medical deductible option outlined below.

Five indemnity deductible options are available. You are not required to select the indemnity deductible option, but if you choose to exercise this option, you may choose only one deductible amount. Please carefully review the requirements for the indemnity deductible option outlined below.

**MEDICAL DEDUCTIBLE OPTIONS**

The medical claim deductible options are five hundred dollars (\$500), one thousand dollars (\$1,000), one thousand five hundred dollars (\$1,500), two thousand dollars (\$2,000), and two thousand five hundred dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the medical benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee. Claim amounts up to five hundred dollars (\$500) annually that are paid under the deductible will be excluded from your experience modifier.

**EMPLOYER OBLIGATIONS IF MEDICAL DEDUCTIBLE OPTION IS SELECTED**

Oklahoma law prohibits you from directly or indirectly charging to or passing on the medical deductible amount to the injured worker or the insurer.

If you choose a medical deductible option, the insurer will pay the entire cost of medical bills directly to the provider of the services and then bill you for the deductible amount. **WARNING: You must reimburse the deductible amount to the insurer within sixty (60) days of a written demand. If you fail to reimburse the insurer within sixty (60) days, the insurer may seek to recover the FULL AMOUNT of the claim from you.**

**MEDICAL DEDUCTIBLE ACCEPTANCE/REJECTION**

- ☐ Yes, I have read the medical deductible information outlined above and want the following medical deductible amount to apply to medical claims under Oklahoma workers compensation law. I understand that this medical deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee.
- ☐ \$ 500
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$2,000
  - ☐ \$2,500
- ☐ No, I do not want the medical deductible described in this notice.

### INDEMNITY DEDUCTIBLE OPTIONS

The indemnity claim deductible options are five hundred dollars (\$500), one thousand dollars (\$1,000), one thousand five hundred dollars (\$1,500), two thousand dollars (\$2,000), and two thousand five hundred dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the indemnity benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee. Claim amounts up to five hundred dollars (\$500) annually that are paid under the deductible will be excluded from your experience modifier.

### EMPLOYER OBLIGATIONS IF INDEMNITY DEDUCTIBLE OPTION IS SELECTED

Oklahoma law prohibits you from directly or indirectly charging to or passing on the indemnity deductible amount to the injured worker or the insurer.

If you choose an indemnity deductible option, the insurer will pay the entire cost of indemnity benefits and then bill you for the deductible amount. **WARNING: You must reimburse the deductible amount to the insurer within sixty (60) days of a written demand. If you fail to reimburse the insurer within sixty (60) days, the insurer may seek to recover the FULL AMOUNT of the claim from you.**

### INDEMNITY DEDUCTIBLE ACCEPTANCE/REJECTION

- ☐ Yes, I have read the indemnity deductible information outlined above and want the following indemnity deductible amount to apply to indemnity claims under Oklahoma workers compensation law. I understand that this indemnity deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee.
- ☐ \$ 500
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$2,000
  - ☐ \$2,500
- ☐ No, I do not want the indemnity deductible described in this notice.

NAMED INSURED     Personnel Staffing Group, LLC

DBA: Barnett Management

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.**

Form 35-4

© 2005 National Council on Compensation Insurance.

POLICY NUMBER WWC3216474



# VERMONT

DEPARTMENT OF LABOR

## Employer's Liability and Workers' Compensation

### NOTICE TO EMPLOYEES

**This employer, Personnel Staffing Group, LLC**

**DBA: Barnett Management**

**has complied with the provisions of Title 21 of the Vermont Statutes, Annotated §687, by obtaining Workers' Compensation Insurance coverage through:**

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Wesco Insurance Company  
(Insurance Carrier)

**Workers' Compensation benefits for lost time, medical expenses, disability or death because of a work-related injury are available through the above named company.**

- **An injured employee MUST immediately notify his/her employer of an injury**
- **The employer MUST file an Employee Claim and Employer's First Report of Injury (Form 1) with the Vermont Department of Labor within 72 hours of the notice of an injury that requires medical attention or results in time lost from work. The Employer must also provide a copy of the Form 1 to the injured worker and to the insurance carrier.**
- **If the employer fails to file a First Report, an employee may file a Notice of Injury and Claim for Compensation (Form 5) with the Vermont Department of Labor within six months of the date of injury.**
- **Information concerning injured worker rights and benefits is available on the department's Workers' Compensation website at <http://www.labor.vermont.gov> or by calling (802) 828-2286.**

#### **Equal Opportunity is the Law**

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

WC-10 (12/05)



# VERMONT

DEPARTMENT OF LABOR

## Employer's Reinstatement Liability

This notice is informational and required under the law.

Employer and employee are hereby advised of the existence and significant provisions of 21 VSA §643B.

This law provides that an employer who regularly employs ten or more people, may have an obligation to rehire a worker who has suffered a work related injury provided that the following conditions are met:

1. The worker recovers from the injury within two (2) years; and
2. The worker keeps the employer informed of his or her interest in reinstatement and his or her current address; and
3. The worker had an expectation of continuing work had the injury not occurred; and
4. The worker is physically capable of performing either his or her prior job, if available, or an alternative suitable position.

Reinstatement must be with all benefits earned up to the date of injury, including both seniority and accrued leave time. Obviously, such benefits need not accrue during the period of actual disability.

Please note that the right to reinstatement applies only to the first available suitable job. Thus, the employer is not obligated either to create an "extra" position for a returning worker or to lay-off a current employee in order to comply with this law.

Should you have questions regarding the above, please contact the Vermont Department of Labor, Workers' Compensation Division at 802-828-2286 or our website: [www.labor.vermont.gov](http://www.labor.vermont.gov).

### Equal Opportunity is the Law

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. Applications from women, individuals with disabilities, and people from diverse cultural backgrounds are encouraged. Auxiliary aids and services are available upon request to individuals with disabilities. 711 (TTY/Relay Service) or 802-828-4203 TDD (Vermont Department of Labor).

Interpretative services are available for limited English proficiency customers. For more information please visit: <http://www.dol.gov/oasam/programs/crc/ISpeakCards.pdf>

WC-9 (10/06)

## NOTICE TO EMPLOYEES FROM THE STATE OF ILLINOIS:

**WORKERS' COMPENSATION** is a system of benefits provided by law to most workers who have job-related injuries or illnesses. Benefits are paid for injuries that are caused, in whole or in part, by an employee's work. This may include the aggravation of a pre-existing condition, injuries brought on by the repetitive use of a part of the body, heart attacks, or any other physical problem caused by work. Benefits are paid regardless of fault.

### IF YOU SUFFER FROM A WORK-RELATED INJURY OR ILLNESS, YOU SHOULD TAKE THE FOLLOWING STEPS:

- 1. GET MEDICAL ASSISTANCE.** By law, your employer must pay for all necessary medical services required to cure or relieve the effects of the injury or illness. The employee may choose two physicians, surgeons, or hospitals. Where necessary, the employer must also pay for physical, mental, or vocational rehabilitation, within prescribed limits.
- 2. NOTIFY YOUR EMPLOYER.** You must notify your employer of the accidental injury or illness within 45 days, either orally or in writing. To avoid possible delays, it is recommended the notice also include your name, address, telephone number, Social Security number, and a brief description of the injury or illness.
- 3. LEARN YOUR RIGHTS.** Your employer is required by law to report accidents that result in more than three lost work days to the Industrial Commission. Once the accident is reported, you should receive a handbook that explains the law, benefits, and procedures. If you need a handbook, please call the Industrial Commission.

If you must lose time from work to recover from the injury or illness, you may be entitled to receive weekly payments and necessary medical care until you are able to return to work that is reasonably available to you.

It is against the law for an employer to harass, discharge, refuse to rehire or in any way discriminate against an employee for exercising his or her rights under the Workers' Compensation or Occupational Diseases Acts. If you file a fraudulent claim, you may be penalized under the law.

- 4. KEEP WITHIN THE TIME LIMITS.** Generally, claims must be filed within three years of the injury or disablement from an occupational disease, or within two years of the last workers' compensation payment, whichever is later. Claims for pneumoconiosis, radiological exposure, asbestosis, or similar diseases have special requirements.

Injured workers have the right to reopen their case within 30 months after an award is made if the disability increases, but cases that are resolved by a lump-sum settlement contract approved by the Commission cannot be reopened. Only settlements approved by the Commission are binding.

For more information, write or call the Commission at 100 W. Randolph St., #8-200, Chicago, IL 60601 312/814-6611; in Peoria, 309/671-3019; in Rockford, 815/987-7292; or in Springfield, 217/785-7084.

Employers must display this notice in a prominent place for all employees and complete the information below regarding the insurance company. Self-insured employers should list the person or firm responsible for handling the employer's workers' compensation claims.

Name	Wesco Insurance Company		
Business address	800 Superior Avenue East, 21st Floor Cleveland, OH 44114		
Business phone	877-528-7878		
Effective Date	6/30/2016	Termination date	6/30/2017
Policy Number	WWC3216474	Employer's FEIN	010759364

Form ICPN 10/98. Printed by the authority of the State of Illinois.  
This form is a true and exact copy of the current Industrial Commission form, ICPN, as revised 10/98.

WC 8145a (10/98) UNIFORM INFORMATION SERVICES, INC.

TO BE POSTED BY EMPLOYER

POLICY NUMBER WWC3216474

## NOTICE TO EMPLOYEES

RE: ARIZONA WORKERS' COMPENSATION LAW

All employees are hereby notified that this employer has complied with the provisions of the Arizona Workers' Compensation Law (Title 23, Chapter 6, Arizona Revised Statutes) as amended, and all the rules and regulations of The Industrial Commission of Arizona made in pursuance thereof, and has secured the payment of compensation to employees by insuring the payment of such compensation with: Wesco Insurance Company

All employees are hereby further notified that in the event they do not specifically reject the provisions of the said compulsory law, they are deemed by the laws of Arizona to have accepted the provisions of said law and to have elected to accept compensation under the terms thereof; and that under the terms thereof employees have the right to reject the same by written notice thereof prior to any injury sustained, and that the blanks and forms for such notice are available to all employees at the office of this employer.

.....

PARA SER COLOCADO POR EL PATRON

NUMERO DE POLIZA WWC3216474

## AVISO A LOS EMPLEADOS

RE: LEY DE COMPENSACION PARA LOS TRABAJADORES DE ARIZONA

A todo los empleados se les notifica por este medio que este patron ha cumplido con las provisiones de la Ley de Compensacion para los Trabajadores de Arizona (Titulo 23, Capitulo 6, Estatutos Enmendados de Arizona) tal como han sido enmendados, y con todas las regias y ordenanzas de La Comision Industrial de Arizona hechas en cumplimiento de esta, y ha asegurado el pago de compensacion a los empleados garantizando el pago de dicha compensacion por medio de; Wesco Insurance Company

Ademas, a todos los empleados se les notifica por este medio que en caso de que especificamente ellos no rechazan las disposiciones de dicha ley obligatoria, se les considerara bajo las leyes de Arizona de haber aceptado las provisiones de dicha ley y de haber escogido aceptar la compensacion bajo estos terminos; tambien bajo estos terminos los empleados tienen el derecho de rechazar la misma por medio de una notificacion por escrito antes de que sufran alguna lesion, todos los formularios o formas en blanco para tal notificacion por escrito estaran disponibles para todos los empleados en la oficina de este patron.

.....

**KEEP POSTED IN A CONSPICUOUS PLACE.**

**COLOQUESE EN LUGAR VISIBLE.**

## **Wesco Insurance Company**

### **IMPORTANT NOTICE FLORIDA**

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POLICY NUMBER  
WWC3216474

POLICY PERIOD  
FROM: 6/30/2016

TO: 6/30/2017

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INSURED  
Personnel Staffing Group, LLC

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If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please contact your insurance agent for a Drug-Free Workplace Premium Credit Program application. Re-certification is required annually.

The State of Florida has authorized a \$2500 deductible plan. There is no premium credit associated with this option. This deductible option may be endorsed to the policy subject to financial underwriting. Any amounts paid by the employer shall not apply to the experience rating of such employer but shall be reported for ratemaking purposes. If you are interested in this deductible plan, please contact your insurance agent for further details.

## Wesco Insurance Company

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### FLORIDA CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM WORKERS COMPENSATION PREMIUM CREDIT APPLICATION

Personnel Staffing Group, LLC  
DBA: Barnett Management

Policy #: WWC3216474

1751 Lake Cook Road Suite 600  
Deerfield IL 60015

The Florida Contracting Classification Premium Adjustment Program is applicable to qualifying employers engaged in contracting operations.

A special premium calculation, which may result in a premium credit for you, will be based on average hourly pay rates for each classification of contracting operations. In order that your premium may be correctly established, please return the completed premium credit application, as set out on the reverse side of this letter, to the:

National Council on Compensation  
Insurance Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, Florida 33487

They will advise us of any premium credit applicable.

**If NCCI does not receive this application during the policy period or within three (3) years after the policy period ends, your premium calculation will not reflect any possible premium credit.**

For each applicable classification (both contracting and non-contracting) covering your company's operations in the state of Florida, report the total Florida payroll (excluding overtime premium pay, pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, as well as the entire pay for any exempt sole proprietor, partner, or officer) and the corresponding total number of hours worked, for the third calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities.

- Note #1. If you did not engage in contracting operations during the third quarter of the prior calendar year, the requested information to be provided should then be for the last complete calendar quarter prior to the effective date of your workers compensation policy.
- Note #2. If you are a new business (no prior operations), submit the requested information, for the first complete calendar quarter following the effective date of your workers compensation policy, when available.
- Note #3. In the absence of specific records for salaried employees, you should assume that each individual worked forty (40) hours per week.

Please preserve your payroll records that formed the basis for this declaration as we will be required to verify the reported information in order for any premium credit to be applied.

Thank you for your cooperation.

Sincerely,

Elissa Pacheco  
Executive Vice President, Underwriting Marketing Services

See next page for Premium Credit Application

**WORKERS COMPENSATION—PREMIUM CREDIT APPLICATION**Insured: **Personnel Staffing Group, LLC**Policy No.: **WWC3216474**Effective Date: **6/30/2016**Carrier Name: **Wesco Insurance Company**

**Notice:** Unless code(s), total wages paid, total hours worked, calendar quarter reported are indicated and application is signed, it cannot be processed. Contact your agent if assistance is desired.

Is this a new business? No ☐ Yes ☐

**If no,** submit information for the THIRD calendar quarter (July, August, September) of the prior calendar year as reported to taxing authorities.

**If yes,** submit information for the FIRST complete calendar quarter following the effective date of your workers compensation policy.

The following is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_.

"Contracting classifications" are those classifications subject to the following code numbers:

0042	5057	5221	5473	5537	6005	6233	7538
0050	5059	5222	5474	5538	6017	6235	7605
1322	5069	5223	5478	5551	6018	6236	7855
3365	5102	5348	5479	5606	6045	6237	8227
3719	5146	5402	5480	5610	6204	6251	9534
3724	5160	5403	5491	5613	6206	6252	9554
3726	5183	5437	5506	5645	6213	6260	
5020	5188	5443	5507	5651	6214	6306	
5022	5190	5445	5508	5703	6216	6319	
5037	5213	5462	5509	5705	6217	6325	
5040	5215	5472	5536	6003	6229	6400	

Note: Classification Code 5537 replaces Classification Code 5536 in the Florida Contracting Classification Premium Credit Adjustment Program effective January 1, 2006 as a result of Item Filing B-1391.

CLASSIFICATION	CODE	TOTAL FLORIDA WAGES PAID(1)	TOTAL HOURS WORKED(2)
<b>Example: Electrical Wiring</b>	<b>5190</b>	<b>\$8,000</b>	<b>520.00</b>
<b>Contracting classifications:</b>			
<b>Non-Contracting classifications:</b>			

(1) These figures are to exclude overtime premium pay (e.g., employee makes \$16/hour and is paid time and one-half, only report the payroll based upon the \$16/hour), pay in excess of the maximum individual payroll for executive officers or the pay in excess of payroll amount charged to partners and sole proprietors as shown on the state rate pages, and as well as the entire pay for any exempt sole proprietor, partner, or officer. For each classification code, combine all wages for that code in a single entry. Employee names are not required.

(2) Including overtime hours.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement or claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

Form 09-4B (CCPAP)

© 2003-2005 National Council on Compensation Insurance, Inc.

## **WORKER'S COMPENSATION NOTICE**

Your employer is required to provide for payment of benefits under the Worker's Compensation Act of the State of Indiana.

An employee who is injured while at work should report the injury immediately to their supervisor, employer, or designated representative.

The worker's compensation insurance carrier or the administrator for  
Personnel Staffing Group, LLC  
DBA: Barnett Management is:

\_\_\_\_\_  
Amtrust Claims

(name of administrator)

\_\_\_\_\_  
P.O. Box 105074

(mailing address)

\_\_\_\_\_  
Atlanta, GA 30348-5074

(city, state, zip)

\_\_\_\_\_  
888-239-3909

(telephone number)

For more information about rights or procedures under the Indiana Worker's Compensation system, call or write:

Worker's Compensation Board of Indiana  
Ombudsman Division  
402 W. Washington St., Rm W196  
Indianapolis, IN 46204  
317-232-3808  
1-800-824-2667

# workers' *compensation*

## reporting injury

You should report to your employer any occupational disease or personal injury that is work-related, even if you deem it to be minor.

## occupational disease or death

In case of an occupational disease, all claims are barred unless the employee files a claim with his/her employer within one year of the date that:

1. the disease manifests itself.
2. the employee is disabled as a result of the disease.
3. the employee knows or has reasonable grounds to believe that the disease is occupationally related.

In case of death arising from an occupational disease, all claims are barred unless the dependent(s) file a claim with the deceased employee's employer within one year of:

1. the date of death.
2. the date the claimant has reasonable grounds to believe that the death resulted from occupational disease.

## filing notice

In case of injury or death caused by a work-related accident, an injured employee or any person claiming to be entitled to compensation either as a claimant or as a representative of a person claiming to be entitled to compensation, must give notice to the employer within 30 days of the injury. If notice is not given within 30 days, no payments will be made for such injury or death. In addition, any fraudulent action by the employer, employee, or any other person for the purpose of obtaining or defeating any benefit or payment of workers' compensation shall subject such person to criminal as well as civil liabilities.

The above mentioned notice should be filed with the employer at the address shown to the right.

A notice so given shall not be held invalid because of any inaccuracy in stating the time, place, nature or cause of injury, or otherwise, unless it is shown that the employer was in fact misled to his detriment thereby. Failure to give notice may not harm the employee if the employer knew of the accident or if the employer was not prejudiced by the delay or failure to give notice.

## physicians

In the event you are injured, you are entitled to select a physician of your choice for treatment. The employer may choose another physician and arrange an examination which you would be required to attend.

## formal claim

In order to preserve your right to benefits under the Louisiana Workers' Compensation Law, you must file a formal claim with the Office of Workers' Compensation Administration within one year after the accident if payments have not been made or within one year after the last payment of benefits.

## information

If you desire any information regarding your rights and entitlement to benefits as prescribed by law, you may call or write to the Office of Workers' Compensation Administration, Post Office Box 94040, Baton Rouge, Louisiana 70804-9040 or telephone (225) 342-7555.

Name and Address of Insurance Company

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

Notice shall be given by delivering it or sending it by certified mail or return receipt requested to:

**Employer Representative**

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**Employer**

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R.S. 23:1302 states that this notice should be posted in a convenient and conspicuous place in the employer's place of business. Revised 05-03

**LOUISIANA WORKS**  
DEPARTMENT OF LABOR  
[www.LAWORKS.net](http://www.LAWORKS.net)

MISSISSIPPI WORKERS' COMPENSATION

**NOTICE OF COVERAGE**

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor, Cleveland, OH 44114  
877-528-7878

II. Individual workers' compensation claims will be submitted to and processed by:

Amtrust Claims  
P.O. Box 740042  
Atlanta, GA 30374-0042  
Phone 888-239-3909, Fax 678-258-8000

III. This workers' compensation coverage is effective for the following period:

6/30/2016 to 6/30/2017

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

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(Name of employer contact person)

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(Title Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

**Montana**

**Workers Compensation**

**Notice to Policyholder**

**The Montana Safety Culture Act (MCA 39-71-1507) requires that employers with more than five (5) employees establish a workers' safety program.**

**Wesco Insurance Company can provide safety consultation services to assist you in complying with this law.**

**The safety consultation services available from Wesco Insurance Company include consideration of the hazard, experience, and size of the Insured employer's operations.**

**For further information or to request a consultation, please contact:**

**Loss Control Department  
Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878**

Policy Number: WWC3216474

Effective Date: 6/30/2016

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Wesco Insurance Company  
Form MT LC-1

Montana

WORKERS' COMPENSATION  
INSURANCE COVERAGE  
**EMPLOYEE NOTICE**

Personnel Staffing Group, LLC  
DBA: Barnett Management  
1751 Lake Cook Road Suite 600  
Deerfield, IL 60015

Date: 7/5/2016

Policy: WWC3216474

The above-named employer's workers' compensation insurance coverage is active and in good standing for the period of 6/30/2016 to 6/30/2017, provided the employer meets all premium and reporting requirements.

**IF YOU ARE INJURED**

You should report any on-the-job injury to your supervisor, employer, or insurer as soon as possible. You must report the accident within 30 days. A sole proprietor, partner, manager of a manager-managed limited liability company, member of a member-managed limited liability company, or corporate officer covered under the Montana Workers' Compensation Act must report an accident to the insurer within 30 days.

Report minor injuries to your employer whether or not you receive medical treatment. After you report the injury, your employer has 6 days to notify their insurer. You must submit a written First Report of Injury within 12 months from the date of the accident. You can submit this form to your employer, insurer, or the Department of Labor and Industry.

All employees sustaining a compensable work related injury or occupational disease, other than those who are exempted by statute (Section 39-71-401, MCA), are covered for medical and wage-loss benefits.

**You have the right to choose your initial treating physician.**

You may continue to receive treatment from your physician unless you receive written notice of referral to a preferred provider or a managed care organization. After providing you with a referral notice, the insurance carrier is no longer liable for treatment provided by your physician unless authorization is obtained to continue treatment.

**For specific information about this policy, call or write your employer's insurance carrier:**

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114  
877-528-7878

**For general information about workers' compensation, call or write:  
Montana Department of Labor and Industry, Employment Relations  
Division, P.O. Box 8011, Helena, MT 59604-8011, Phone (406) 444-6543.**

FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE  
WORKPLACE WILL RESULT IN A \$50 FINE AGAINST THE EMPLOYER!

ERD800 (Rev 5/02)

Form No. 17 - Revised 3/2004  
PS-076

**EMPLOYER: THIS MUST BE *PROMINENTLY* POSTED. I.C. RULE 201.**

## **WORKERS' COMPENSATION NOTICE And Instructions to Employers and Employees**

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All employees of this business suffering work-related injuries may be entitled to Workers' Compensation benefits from the employer or its insurance carrier, except specifically excluded executive officers.

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### **— IMPORTANT THINGS TO DO IN CASE OF INJURY OR OCCUPATIONAL DISEASE —**

#### **The Employee Should:**

1. Immediately give the employer notice in writing of injury or occupational disease. Failure to inform the employer within thirty (30) days after an injury or the development of most occupational diseases, or the refusal to accept medical services provided by the employer, may deprive the employee of the right to compensation.
2. File claim with the Industrial Commission within two (2) years of the accidental injury or two (2) years after the death, disability or disablement caused by an occupational disease. (The Commission's Form 18 may be used to give notice to employer and to file a claim.) In case of fatal injury, claim must be filed by one or more dependents or next of kin of the deceased employee within two years after such death.
3. If no agreement is reached with the employer with regard to payment of compensation for injury or occupational disease, or if a disagreement develops over compensation due, the employee should promptly request the Industrial Commission to hold a hearing to decide the issues. Benefits may be denied if the request is made more than two (2) years after the date of injury or last payment of cash compensation.

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#### **The Employer Should:**

1. Provide all necessary medical, surgical, hospital and rehabilitation services reasonably required to effect a cure, give relief and lessen the period of the employee's disability. N.C.G.S. §97-25. Keep a record and report to insurance carrier/compensation administrator ALL injuries suffered by its employees on the Commission's Form 19. The employer, or the carrier/administrator on its behalf, must mail a Form 19 report to the Industrial Commission within five (5) days of the occurrence or report of an injury causing more than one day's absence from work or \$2,000.00 or more in medical treatment, other than treatment provided at the work place. N.C.G.S. §97-92.
2. Pay compensation in accordance with the provisions of the Workers' Compensation Act for disability. Agreements between employer and employee to pay compensation must be submitted to the Industrial Commission for approval.

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Información sobre alivio medico y monetario para heridas ocurriendo al lugar del trabajo.

**NORTH CAROLINA INDUSTRIAL COMMISSION**  
4340 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4340  
(919) 807-2500

Forma 17 - Revisada 3/2004  
PS-076

**EMPLEADOR: ESTA INFORMACIÓN DEBE ESTAR *PROMINENTEMENTE* VISIBLE.  
REGLA 201 DE LA COMISIÓN INDUSTRIAL**

**INFORMACIÓN SOBRE COMPENSACIÓN LABORAL  
Instrucciones para Empleadores y Empleados**

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Todo empleado de este negocio que sufre lesiones relacionadas al trabajo puede tener derecho a beneficios de compensación laboral por parte del empleador o el portador de seguro del empleador, exento oficiales ejecutivos expresamente excluidos.

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— INFORMACIÓN IMPORTANTE EN CASO DE UNA LESIÓN O ENFERMEDAD OCUPACIONAL —

El empleado deberá:

1. Notificar inmediatamente por escrito al empleador sobre la lesión o enfermedad ocupacional. El no informar al empleador dentro de los treinta (30) días después de una lesión o desarrollo de una enfermedad ocupacional, o el rehusar servicios médicos provistos por el empleador, pueden privar al empleado del derecho a compensación.
2. Hacer un reclamo a la Comisión Industrial (Industrial Commission) dentro de los dos (2) años de ocurrir el accidente o lesión, o dos (2) años después de la muerte, incapacidad o incapacitación causada por una enfermedad ocupacional. (Forma 18 de la Comisión puede ser utilizada para dar notificación al empleador y hacer el reclamo en la Comisión.) En caso de una lesión fatal, el reclamo deberá ser hecho por uno o más dependientes o herederos del empleado dentro de los dos (2) años después de la muerte del empleado.
3. Si no se llega a un acuerdo con el empleador en relación al pago de compensación por lesión o enfermedad ocupacional, o si hay un desacuerdo en cuanto se debe de la compensación, el empleado lo mas pronto posible debe pedir una audiencia a la Comisión Industrial para que decidan sobre los méritos del caso. Los beneficios pueden ser negados si la petición se hace después de dos (2) años de la fecha de la lesión o de el último pago de compensación.

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El empleador debe:

1. Proveer todo servicio de hospital, médico, quirúrgico, y servicios de rehabilitación necesarios para la cura, el alivio y la minimización del período de incapacitación del empleado. N.C.G.S. §97-25. Mantener un archivo y reportar a la compañía de seguro/administrador de compensación TODAS las lesiones ocurridas a sus empleados usando la Forma 19 de la Comisión. El empleador, o el portador de seguro deben enviar por correo la Forma 19 a la Comisión Industrial dentro de los cinco (5) días de ocurrido el reporte de una lesión que causa la ausencia del empleado por más de un (1) día o \$2,000.00 o más en tratamiento médico, excluyendo tratamientos provistos en el trabajo. N.C.G.S. §97-92.
2. Pagar compensación al empleado de acuerdo con lo provisto en el la Ley de Compensación Laboral para incapacidad. Los acuerdos de pago de compensación entre empleador y empleado deberán ser sometidos a la Comisión Industrial para su apruebo.

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Información sobre alivio médico y monetario por lesiones ocurridas en el empleo.

**NORTH CAROLINA INDUSTRIAL COMMISSION**  
4340 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4340  
(919) 807-2500

**Security National Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

WWC3216474

POLICY PERIOD

FROM: 6/30/2016 TO: 6/30/2017

INSURED

Personnel Staffing Group, LLC  
DBA: Barnett Management

Nebraska law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical benefits and applies to each claim. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH CLAIM**

- ☐ \$500  
☐ \$1,000  
☐ \$1,500  
☐ \$2,000  
☐ \$2,500

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.
- ☐ Yes, I want the deductible checked above to apply to medical benefits under the Nebraska Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

NE-SDEF 01 (11/03)

**Wesco Insurance Company****IMPORTANT NOTICE  
SMALL DEDUCTIBLE ELECTION FORM**

POLICY NUMBER

WWC3216474

POLICY PERIOD

FROM: 6/30/2016 TO: 6/30/2017

**INSURED**Personnel Staffing Group, LLC  
DBA: Barnett Management

New Mexico law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is applicable to medical and indemnity benefits and applies to each accident or disease. The deductible shall apply separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease. The deductibles available are as follows:

**DEDUCTIBLE AMOUNT EACH ACCIDENT OR DISEASE**

- ☐ \$500  
☐ \$1,000  
☐ \$1,500  
☐ \$2,000  
☐ \$2,500  
☐ \$5,000  
☐ \$10,000

You are not required to select a deductible. However, if you choose to exercise this option, you may choose only one deductible amount. It is to be understood that we will pay the deductible amount for you and that you must reimburse us for any deductible amounts paid. Non-reimbursement of the deductible(s) will result in cancellation of your policy.

Please check the option you have elected and return this form to us as soon as possible.

- ☐ No, I do not want the deductible described in this Notice.  
☐ Yes, I want the deductible checked above to apply to medical and indemnity benefits under the New Mexico Workers' Compensation Law. I understand that the Company shall pay the deductible amount and be reimbursed by the employer shown above.

If you fail to respond promptly to the Company, it will be construed to mean you have not elected the small deductible option.

If you have any questions, please contact your agent or broker.

INSURED'S SIGNATURE AND TITLE

DATE

Policyholder Notice

NM-SDEF 01 (11/03)

Pennsylvania Department of Labor & Industry

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## Workers' Compensation

### *Claims Management Division*

REMEMBER: IT IS IMPORTANT TO TELL  
YOUR EMPLOYER ABOUT YOUR INJURY

THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR EMPLOYER'S  
WORKERS' COMPENSATION INSURANCE COMPANY, THIRD-PARTY  
ADMINISTRATOR (TPA), OR PERSON HANDLING WORKERS' COMPENSATION  
CLAIMS FOR YOUR COMPANY, IS CONTAINED BELOW.

Employer Name: Personnel Staffing Group, LLC

Date Posted: 6/30/2016

**IF INSURER:**

(Complete all applicable spaces)

NAME OF INSURANCE COMPANY:

Amtrust Claims

ADDRESS: P.O. Box 105010  
Atlanta, GA 30348-5010

TELEPHONE NUMBER: 888-629-1420

INSURER'S BUREAU CODE: 26135

**IF SOMEONE OTHER THAN INSURER IS  
HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF TPA (Claims administrator):

ADDRESS:

TELEPHONE NUMBER:

**IF SELF-INSURED:**

(Complete all applicable spaces)

NAME OF PERSON HANDLING CLAIMS AT  
THE SELF-INSURED:

ADDRESS:

TELEPHONE NUMBER:

SELF-INSURED BUREAU CODE:

**IF SOMEONE OTHER THAN SELF-INSURER  
IS HANDLING CLAIMS:**

(Complete all applicable spaces)

NAME OF TPA (Claims administrator):

ADDRESS:

TELEPHONE NUMBER:

BUREAU FILE NO.: \_\_\_\_\_

**PENNSYLVANIA WORKERS COMPENSATION -- 200 PREMIUM CREDIT APPLICATION**

NAME ON INSURANCE POLICY Personnel Staffing Group, LLC  
 DBA: Barnett Management  
 INSURANCE COMPANY Wesco Insurance Company  
 POLICY NO. WWC3216474 EFF. DATE 6/30/2016

**\* Notice:** Unless Code(s), total wages paid as reported to taxing authorities, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed.

Must include non-construction class code payrolls.

Corporate Officers should be included in the appropriate classification subject to payroll limitation rules -- \$300 minimum -- \$1,450 maximum per week, per officer and a maximum of 520 hours per quarter. Do not include corporate officers who have elected to be excluded from the Workers Compensation Act. Contact your agent and/or insurance company if assistance is desired.

Are you currently engaged in a Long Term Construction Project (i.e. Wrap-up)? ☐ Yes

Classification Description	Pennsylvania WC Class Code	Total Pennsylvania Wages Paid This Quarter	Total Hours Worked This Quarter (incl. O.T.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Send Application to Experience Rating Department, Pennsylvania Compensation Rating Bureau,  
 The Widener Building -- 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577**

**No application will be processed by the Bureau unless such application is filed within 12 months after the termination of the policy period to which it would apply.**

**FORM I-6****TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation  
Nashville, Tennessee 37243-0661**

**NOTICE OF CORPORATE OFFICER TO EMPLOYER OF ELECTION NOT TO ACCEPT PROVISIONS OF  
"WORKERS' COMPENSATION ACT" OF TENNESSEE.**

**INSTRUCTIONS:**

File an original, a copy and a self addressed, stamped envelope. (approved copy will be returned). The form must be complete, legible and notarized. If any information is missing, the form will be returned and will prolong the effective date until form is received complete. The effective date is 30 days after approved stamped date. Once approved the form is effective until withdrawn by the filing of a "I-7 Notice of Corporate Officer's Revocation of Exemption" form. If the employer or corporate officer names change a new form should be filed.

EMPLOYER NAME \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

PLEASE FURNISH NAME AND ADDRESS OF COMPANY OR INDIVIDUAL SUBMITTING FORM:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

ACCEPTABLE OFFICER'S TITLES: PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR CHIEF OPERATING OFFICER.

You are hereby notified that the undersigned corporate officer elects not to be bound by the provisions of the Tennessee Workers' Compensation Act in compliance with section 50-6-104 of the said "Workers' Compensation Act"

**CORPORATE OFFICER REJECTING COVERAGE**

(PRINT)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SSN \_\_\_\_\_

This is to certify that the above named corporate officer has served notice on his/her employer and said employer has not advised, counseled or encouraged the corporate officer to reject the provisions of the Workers Compensation Act , in compliance of section 50-6-104(b).

Employer

signature \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary

Public \_\_\_\_\_

My commission expires \_\_\_\_\_.

LB-0090

(Rev. 8/99)

# **WORKERS' COMPENSATION NOTICE**

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

## **THE EMPLOYEE SHOULD:**

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

**NOTE:** The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

## **THE EMPLOYER SHOULD:**

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

### **THE VIRGINIA WORKERS' COMPENSATION COMMISSION**

1000 DMV Drive  
Richmond, Virginia 23220  
804-367-8600  
1-877-664-2566 Toll Free in Virginia  
[vwc.state.va.us](http://vwc.state.va.us)

Every employer within the operation of the Virginia Workers' Compensation Act **MUST POST THIS NOTICE IN A CONSPICUOUS PLACE** in his place of business.

**OKLAHOMA WORKERS COMPENSATION MEDICAL DEDUCTIBLE  
ACCEPTANCE/REJECTION FORM**

Oklahoma law requires insurers to offer a medical claims deductible on all Oklahoma Workers Compensation policies. Five medical deductible options are available. You are not required to select the medical deductible option, but if you choose to exercise this option, you may choose only one deductible amount. Please carefully review the requirements for the medical deductible option outlined below.

**MEDICAL DEDUCTIBLE OPTIONS**

The medical claims deductible options are five hundred dollars (\$500), one thousand dollars (\$1,000), one thousand five hundred dollars (\$1,500), two thousand dollars (\$2,000), and two thousand five hundred dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the medical benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee. Claim amounts up to five hundred dollars (\$500) annually which are paid under the deductible will be excluded from your experience modifier.

**EMPLOYER OBLIGATIONS IF MEDICAL DEDUCTIBLE OPTION IS SELECTED**

Oklahoma law prohibits you from directly or indirectly charging to or passing on the medical deductible amount to the injured worker or the insurer.

If you choose a medical deductible option, the insurer will pay the entire cost of medical bills directly to the provider of the services and then seek reimbursement from you for the deductible amount. The insurer will bill you for the deductible amount. **WARNING: You must reimburse the insurer within sixty days of a written demand. If you fail to reimburse the insurer within sixty days, the insurer may seek to recover the full amount of such claim from you.**

**ACCEPTANCE/REJECTION**

☐ Yes, I have read the medical deductible information outlined above and want the following medical deductible amount to apply to medical claims under Oklahoma Workers' Compensation Law. I understand that this medical deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee.

- ☐ \$ 500
- ☐ \$1,000
- ☐ \$1,500
- ☐ \$2,000
- ☐ \$2,500

☐ No, I do not want the medical deductible described in this notice.

NAMED INSURED \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

PERSONNEL STAFFING GROUP, LLC  
DBA: BARNETT MANAGEMENT  
1751 LAKE COOK ROAD  
SUITE 600  
DEERFIELD, IL 60015

AmWINS Specialty Casualty Solutions,  
LLC  
10 South LaSalle Street Suite 2000  
Chicago, IL 60603

Enclosed is a Policy Change Endorsement for Policy Number: WWC3216474

For Policy Change Endorsements, please retain one copy for your files and provide the second to the policyholder.

For questions, please contact our Underwriting Office at: 877-528-7878.


7/7/2016



**AmTrust North America**  
An AmTrust Financial Company

POLICY INFORMATION PAGE ENDORSEMENT

Insured: **Personnel Staffing Group, LLC**  
**DBA: Barnett Management**  
Policy Period: **6/30/2016 to 6/30/2017**  
Carrier Name: **Wesco Insurance Company**

Policy No: **WWC3216474**  
Endorsement No: **1**  
Endmt Effective: **6/30/2016**  
Authorized Rep: 

The following item(s)

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                            | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                       |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                             | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                       |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                            | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14)          |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                           | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)                 | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)          |
| <input checked="" type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)               |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                           | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)   |
| <input checked="" type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                         |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)                    | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)                          |   |

is changed to read:

Added PA, NJ, MI modifiers and locations to policy.

Wesco Insurance Company

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**EXTENSION OF INFORMATION PAGE FOR ITEM #1  
ITEM 1: NAMED INSURED and WORKPLACES**

<b>NAMED INSURED:</b>	Personnel Staffing Group, LLC DBA: Barnett Management	Fein: 010759364
<b>WORKPLACES:</b>	Location Number 1. No Specific Location None, MN 99999 Location Number 3. 1740 N. Ridge Avenue Suite 305 Evanston, IL 60201 Location Number 5. No Specific Location None, GA 99999 Location Number 7. 103-8 Woodland Road Batesville, MS 38606 Location Number 9. 2025-C Eastgate Dr. Greenville, NC 27858 Location Number 11. No Specific Location None, AZ 99999 Location Number 13. 501 S. Falkenberg Tampa, FL 33619 Location Number 15. 570 West 4th Street Suite 104 San Bernardino, CA 92840 Location Number 17. 801 W. Victoria Street Rancho Dominguez, CA 90220 Location Number 19. No Specific Location None, MI 99999  Location Number 21. No Specific Location None, NY 10001  Location Number 23. No Specific Location None, VT 99999 Location Number 25. No Specific Location None, MA 99999 Location Number 27. No Specific Location None, NH 99999 Location Number 29. No Specific Location None, SD 99999 Location Number 31. No Specific Location None, MO 99999	Location Number 2. No Specific Location None, OK 99999 Location Number 4. No Specific Location None, WI 99999  Location Number 6. No Specific Location None, MD 99999 Location Number 8. No Specific Location None, NJ 99999 Location Number 10. No Specific Location None, TN 99999 Location Number 12. No Specific Location None, KY 40504 Location Number 14. No Specific Location None, MT 99999 Location Number 16. No Specific Location None, PA 99999  Location Number 18. No Specific Location None, ID 99999 Location Number 20. 9300 Forest Point Circle Ste. 150 Manassas, VA 20110 Location Number 22. 821 Baxter Street Suite 314 Charlotte, NC 28202 Location Number 24. No Specific Location None, DE 99999 Location Number 26. 7677 S.W. Ellipse Way Stuart, FL 34997 Location Number 28. 7999 W. Grand Avenue Franklin Park, IL 60131 Location Number 30. No Specific Location None, KS 99999 Location Number 32. 2431 Spring Forest Road Suite 163 Raleigh, NC 27615

Location Number 33.  
No Specific Location  
None, OR 99999

Location Number 35.  
No Specific Location  
None, WV 99999

Location Number 37.  
No Specific Location  
None, ME 99999

Location Number 39.  
No Specific Location  
None, NM 99999

Location Number 41.  
No Specific Location  
None, VA 99999

Location Number 43.  
No Specific Location  
None, LA 99999

Location Number 45.  
No Specific Location  
None, NE 99999

Location Number 47.  
No Specific Location  
None, SC 99999

Location Number 49.  
No Specific Location  
None, IN 46234

Location Number 34.  
169 Tequesta Drive  
Suite 21E  
Tequesta, FL 33469

Location Number 36.  
No Specific Location  
None, IA 99999

Location Number 38.  
2440 N. Hills Street  
Suite 102  
Meridian, MS 39305

Location Number 40.  
205 West Randolph  
Chicago, IL 60606

Location Number 42.  
No Specific Location  
None, CT 99999

Location Number 44.  
1300 N. Florida Mango  
West Palm Beach, FL 33409

Location Number 46.  
12465 Lewis Street  
Suite 204  
Garden Grove, CA 92840

Location Number 48.  
No Specific Location  
None, AL 99999

**NAMED INSURED:  
WORKPLACES:**

MVP Workforce, LLC  
Location Number 50.  
666 Dundee Road  
Suite 201  
Northbrook, IL 60062

Fein: 263242640  
Location Number 51.  
No Specific Location  
None, AR 99999

Wesco Insurance Company

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Classification</b>	<b># of Emps</b>	<b>Code No.</b>	<b>Premium Basis Total Est. Annual Remuneration</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
<b>Alabama</b>					
Storage Warehouse NOC	2	8292	111,000	4.50	4,995
Clerical Office Employees NOC	2	8810		0.28	
Manual Premium					4,995
Total Manual Premium					4,995
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			70
Total Premium Subject to Experience Modification					5,065
Experience Modification 75%					3,799
Schedule Modifier -2%		9887			-76
Premium Discount 12.4%		0063			-462
Expense Constant		0900			0
Terrorism		9740			22
Catastrophe (other than Terrorism)		9741			22
Total AL Premium					3,305
Total AL Cost					3,305

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Arkansas**

Storage Warehouse NOC	1	8292	9,000	2.50	<u>225</u>
Manual Premium					225
Total Manual Premium					225
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					227
Experience Modification 75%					170
Schedule Modifier -2%		9887			-3
Premium Discount 12.4%		0063			-21
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total AR Premium					<u>150</u>
Total AR Cost					150

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Arizona**

Electrical Wiring—within Buildings & Drivers	1	5190	100	4.29	4
Storage Warehouse NOC	1	8292	211,000	3.97	8,377
Manual Premium					8,381
Total Manual Premium					8,381
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			92
Total Premium Subject to Experience Modification					8,473
Experience Modification 75%					6,355
Schedule Modifier -2%		9887			-127
Premium Discount 12.2%		0063			-760
Expense Constant		0900			0
Terrorism		9740			21
Catastrophe (other than Terrorism)		9741			21
Total AZ Premium					5,510
Total AZ Cost					5,510

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>California</b>						
Bakeries and Cracker Mfg.	1	2003	31,046,000	17.26		5,358,540
Bottling	1	2163	2,662,000	15.46		411,545
Clothing Mfg.	1	2501	17,899,000	12.80		2,291,072
Sawmills or Shingle Mills	1	2710	1,189,000	14.96		177,874
Wood Products Mfg.	1	2842	528,000	20.72		109,402
Tag, Button or Fastener Mfg.	1	3131	5,469,000	12.62		690,188
Electrical Apparatus Mfg.	1	3179	10,859,000	9.00		977,310
Instrument Mfg. — electronic	1	3681	12,400,000	2.45		303,800
Automobile, Automobile Truck or Motorcycle Parts Mfg.	1	3840	5,548,000	11.93		661,876
Plastics — injection molded products mfg.	1	4498	14,469,000	11.90		1,721,811
Plastics — thermoformed products mfg.	1	4499	10,384,000	13.95		1,448,568
Cosmetic, Personal Care or Perfumery Products Mfg.	1	4623	20,309,000	16.87		3,426,128
Vitamin or Food Supplement Mfg.	1	4831	5,976,000	14.90		890,424
Office Machine Installation or Repair	1	5191	1,304,000	4.72		61,549
Food Products Mfg. or Processing	1	6504	32,727,000	16.97		5,553,772
Stores — retail	1	8017	2,758,000	7.47		206,023
Stores — wholesale	1	8018	9,258,000	14.40		1,333,152
Stores — clothing, dry goods — wholesale	1	8032	5,044,000	15.97		805,527
Warehouses — general merchandise	1	8292	61,121,000	18.94		11,576,317
Clerical Office Employees	1	8810	17,185,000	0.88		151,228
Restaurants or Taverns	1	9079	12,048,000	9.45		1,138,536
Manual Premium						39,294,642
Total Manual Premium						39,294,642
Total Premium Subject to Experience Modification						39,294,642
Experience Modification 94%						36,936,963
California Territorial Factor 1						0
Schedule Modifier -21%		9887				-7,756,762
Premium Discount 7%		0063				-2,042,614
Expense Constant		0900				0
Terrorism		9740				84,055
Catastrophe (other than Terrorism)		9741				28,018
Total CA Premium						27,249,660
CIGA 2%		9999				544,993
WCARF 0.3433%		9999				93,548
UEBTF 0.0532%		9999				14,497
SIBTF 0.1191%		9999				32,454
OSHAF 0.1925%		9999				52,456
LECF 0.1215%		9999				33,108
FRAUD 0.1741%		9999				47,442
Total CA Cost						28,068,158

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Connecticut**

Clerical Office Employees NOC	1	8810	11,000	0.26	<u>29</u>
Manual Premium					29
Total Manual Premium					29
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					29
Experience Modification 75%					22
Premium Discount 12.4%		0063			-3
Expense Constant		0900			0
Terrorism		9740			1
Catastrophe (other than Terrorism)		9741			1
Total CT Premium					21
Second Injury Fund Assessment 2.75%		9999			1
Admin Costs of W/C Commissioners Office 1.9%		9999			<u>0</u>
Total CT Cost					22

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Delaware**

Warehousing NOC	1	813	272,000	9.49	25,813
Clerical Office Employees	1	953	42,000	0.38	160
Manual Premium					25,973
Total Manual Premium					25,973
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			286
Total Premium Subject to Experience Modification					26,259
Experience Modification N/A					26,259
Schedule Modifier -2%		9887			-525
Premium Discount 12.4%		0063			-3,191
Expense Constant		0900			0
Terrorism		9740			63
Catastrophe (other than Terrorism)		9741			63
Total DE Premium					22,669
Total DE Cost					22,669

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Florida</b>						
Landscape Gardening & Drivers	1	0042	6,475,000	8.58	555,555	
Cloth, Canvas and Related Products Mfg. NOC	1	2501	4,564,000	2.93	133,725	
Storage Warehouse NOC	1	8292	4,988,000	5.52	275,338	
Salespersons, Collectors or Messengers—Outside	1	8742	219,000	0.45	986	
Clerical Office Employees NOC	1	8810	4,148,000	0.23	9,540	
Club—Country, Golf, Fishing or Yacht & Clerical	1	9060	30,530,000	2.22	677,766	
Park NOC—All Employees & Drivers	1	9102	5,670,000	4.50	255,150	
Manual Premium						1,908,060
Total Manual Premium						1,908,060
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			26,713	
Total Premium Subject to Experience Modification					1,934,773	
Experience Modification 75%					1,451,080	
Premium Discount 12.2%		0063			-177,032	
Expense Constant		0900			0	
Terrorism Risk Insurance Act		9740			11,319	
Total FL Premium					1,285,367	
Total FL Cost						1,285,367

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Georgia</b>					
Store: Wholesale NOC	1	8018	6,154,000	5.00	307,700
Storage Warehouse NOC	2	8292	5,455,000	7.22	393,851
Clerical Office Employees NOC	1	8810	201,000	0.23	462
Manual Premium					702,013
Total Manual Premium					702,013
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			7,722
Total Premium Subject to Experience Modification					709,735
Experience Modification 75%					532,301
Schedule Modifier -2%		9887			-10,646
Premium Discount 7%		0063			-36,516
Expense Constant		0900			0
Terrorism		9740			2,362
Catastrophe (other than Terrorism)		9741			2,362
Total GA Premium					489,863
Total GA Cost					489,863

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Iowa</b>					
Storage Warehouse NOC	1	8292	4,886,000	4.98	<u>243,323</u>
Manual Premium					243,323
Total Manual Premium					243,323
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,677
Total Premium Subject to Experience Modification					246,000
Experience Modification 75%					184,500
Schedule Modifier -2%		9887			-3,690
Premium Discount 12.2%		0063			-22,059
Expense Constant		0900			0
Terrorism		9740			977
Catastrophe (other than Terrorism)		9741			489
Total IA Premium					<u>160,217</u>
Total IA Cost					160,217

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ITEM 4: SCHEDULE OF PREMIUMS**

<b>Idaho</b>					
Storage Warehouse NOC	2	8292	3,000	5.74	<u>172</u>
Manual Premium					172
Total Manual Premium					172
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					174
Experience Modification 75%					130
Premium Discount 12.2%		0063			-16
Expense Constant		0900			0
Terrorism		9740			1
Catastrophe (other than Terrorism)		9741			0
Total iD Premium					<u>115</u>
Total iD Cost					115

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Breakfast Food Mfg.	2	2016	170,000	4.05	6,885
Packing House—All Operations	2	2089	769,000	4.18	32,144
Sheet Metal Products Mfg. - Shop Only	1	3076	1,388,000	6.66	92,441
Screw Mfg.	2	3145	727,000	3.52	25,590
Electrical Apparatus Mfg. NOC	2	3179	3,634,000	3.86	140,272
Eyelet Mfg.	2	3270	715,000	6.27	44,831
Metal Stamped Goods Mfg. NOC	2	3400	1,991,000	6.38	127,026
Pump Mfg.	2	3612	1,046,000	4.85	50,731
Precision Machined Parts Mfg. NOC	2	3629	551,000	3.74	20,607
Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	2,257,000	1.84	41,529
Corrugated or Fiberboard Container Mfg.	2	4244	3,167,000	5.68	179,886
Bag Mfg.—Plastic or Paper	2	4273	1,323,000	5.23	69,193
Printing	2	4299	9,767,000	4.02	392,633
Bookbinding	2	4307	3,184,000	3.84	122,266
Plastics Mfg.—Molded Products NOC	2	4484	6,425,000	4.45	285,913
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	6,826,000	2.38	162,459
Drug, Medicine or Pharmaceutical Preparation Mfg. - Includes Mfg. of Ingredients	2	4825	5,251,000	2.11	110,796
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	1,299,000	19.10	248,109
Office Machine installation, Inspection, Adjustment, or Repair	2	5191	173,000	1.33	2,301
Food Sundries Mfg. NOC - No Cereals Milling	2	6504	2,405,000	5.52	132,756
Trucking—Mail, Parcel or Package Delivery—All Employees & Drivers	1	7231	705,000	14.38	101,379
Store: Florist & Drivers	2	8001	236,000	3.23	7,623
Store: Hardware	2	8010	845,000	2.78	23,491
Store: Retail—NOC	2	8017	3,867,000	2.93	113,303
Store: Wholesale NOC	2	8018	3,385,000	5.33	180,421
Store: Meat, Fish, or Poultry—Retail	2	8031	622,000	3.76	23,387
Store: Furniture & Drivers	2	8044	1,617,000	5.36	86,671
Vegetable Packing & Drivers	2	8209	2,465,000	5.10	125,715
Storage Warehouse NOC	2	8292	18,269,000	6.88	1,256,907
Salespersons, Collectors or Messengers—Outside	2	8742	400,000	0.43	1,720
Mailing or Addressing Company or Letter Service Shop	2	8800	21,184,000	3.28	694,835
Clerical Office Employees NOC	2	8810	17,748,000	0.19	33,721
Hotel—All Other Employees & Salespersons, Drivers	2	9052	1,138,000	4.21	47,910
Hotel—Restaurant Employees	2	9058	687,000	2.43	16,694
Manual Premium					5,002,145
Total Manual Premium					5,002,145
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			70,030
Total Premium Subject to Experience Modification					5,072,175
Experience Modification 75%					3,804,131
Schedule Modifier -1%		9887			-38,041

Premium Discount 7.4%	0063	-278,691
Expense Constant	0900	0
Terrorism	9740	63,118
Catastrophe (other than Terrorism)	9741	12,624
Total IL Premium		3,563,141
Illinois Surcharge 1.01%	9999	<u>35,988</u>
Total IL Cost		3,599,129

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<b>Indiana</b>						
Landscape Gardening & Drivers	1	0042	48,000	6.13		2,942
Welding or Cutting NOC	1	3365	512,000	5.47		28,006
Valve Mfg.	2	3634	294,000	1.56		4,586
Printing	2	4299	227,000	1.72		3,904
Storage Warehouse NOC	2	8292	53,000	2.98		1,579
Clerical Office Employees NOC	2	8810	51,000	0.18		92
Manual Premium						41,109
Total Manual Premium						41,109
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812				452
Total Premium Subject to Experience Modification						41,561
Experience Modification 75%						31,171
Schedule Modifier -2%		9887				-623
Premium Discount 12.2%		0063				-3,727
Expense Constant		0900				0
Terrorism		9740				118
Catastrophe (other than Terrorism)		9741				118
Total IN Premium						27,057
Indiana 2nd Injury Fund Surcharge 0.26%		0935				70
Total IN Cost						27,127

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ITEM 4: SCHEDULE OF PREMIUMS****Kansas**

Storage Warehouse NOC	2	8292	481,000	4.43	<u>21,308</u>
Manual Premium					21,308
Total Manual Premium					21,308
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			234
Total Premium Subject to Experience Modification					21,542
Experience Modification 75%					16,156
Schedule Modifier -2%		9887			-323
Premium Discount 12.4%		0063			-1,963
Expense Constant		0900			0
Terrorism		9740			96
Catastrophe (other than Terrorism)		9741			96
Total KS Premium					<u>14,062</u>
Total KS Cost					14,062

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ITEM 4: SCHEDULE OF PREMIUMS**

<b>Kentucky</b>						
Electrical Wiring—within Buildings & Drivers	2	5190	2,199,000	3.27	<u>71,907</u>	
Manual Premium					71,907	
Total Manual Premium						71,907
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			791	
Total Premium Subject to Experience Modification					72,698	
Experience Modification 75%					54,523	
Schedule Modifier -2%		9887			-1,090	
Premium Discount 12.4%		0063			-6,626	
Expense Constant		0900			0	
Terrorism		9740			440	
Catastrophe (other than Terrorism)		9741			440	
Total KY Premium					47,687	
All Employers Special Fund Assessment 5.51%		9999			<u>2,628</u>	
Total KY Cost						50,315

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ITEM 4: SCHEDULE OF PREMIUMS****Louisiana**

Electrical Wiring—within Buildings & Drivers	2	5190	473,000	4.43	<u>20,954</u>
Manual Premium					20,954
Total Manual Premium					20,954
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			293
Total Premium Subject to Experience Modification					21,247
Experience Modification 75%					15,935
Schedule Modifier -2%		9887			-319
Premium Discount 12.4%		0063			-1,936
Expense Constant		0900			0
Terrorism		9740			95
Catastrophe (other than Terrorism)		9741			95
Total LA Premium					<u>13,870</u>
Total LA Cost					13,870

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<b>Massachusetts</b>					
Storage Warehouse NOC	2	8292	4,166,000	3.46	144,144
Clerical Office Employees NOC	2	8810	1,887,000	0.08	1,510
MA LCM Deviation	0	9037		0.00	
Manual Premium					145,654
Total Manual Premium					145,654
Premium for Increased Limits Part Two: 2% (1000/1000/1000)		9812			2,913
Total Premium Subject to Experience Modification					148,567
Experience Modification 75%					111,425
Premium Discount 12.2%		0063			-13,594
Expense Constant		0900			338
Foreign Terrorism		9740			1,816
Total MA Premium					99,985
DIA Assessment 5.75%		9751			6,281
Total MA Cost					106,266

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ITEM 4: SCHEDULE OF PREMIUMS****Maryland**

Storage Warehouse NOC	2	8292	232,000	5.68	13,178
Clerical Office Employees NOC	1	8810	616,000	0.17	1,047
Manual Premium					14,225
Total Manual Premium					14,225
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			156
Total Premium Subject to Experience Modification					14,381
Experience Modification 75%					10,786
Schedule Modifier -2%		9887			-216
Premium Discount 12.4%		0063			-1,311
Expense Constant		0900			0
Terrorism		9740			424
Catastrophe (other than Terrorism)		9741			170
Total MD Premium					9,853
Total MD Cost					9,853

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ITEM 4: SCHEDULE OF PREMIUMS****Maine**

Clerical Office Employees NOC	2	8810	1,000	0.42	<u>4</u>
Manual Premium					4
Total Manual Premium					4
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					4
Experience Modification 75%					3
Schedule Modifier -2%		9887			0
Premium Discount 12.4%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total ME Premium					3
Workers Compensation Board Assessment 2.49%		9999			<u>0</u>
Total ME Cost					3

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<b>Michigan</b>						
Food Sundries Mfg. NOC	2	6504	110,000	2.89		3,179
Warehousing NOC	2	8292	26,000	4.52		1,175
Clerical Office Employees NOC	2	8810		0.14		
Manual Premium						<u>4,354</u>
Total Manual Premium						4,354
Premium for Increased Limits Part Two: 2.8% (1000/1000/1000)		9812				122
Total Premium Subject to Experience Modification						4,476
Experience Modification 95%						4,252
Merit Rating Credit 0%		9889				0
Schedule Modifier -2%		9887				-85
Premium Discount 6%		0063				-250
Expense Constant		0900				0
Total MI Premium						<u>3,917</u>
Total MI Cost						3,917

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ITEM 4: SCHEDULE OF PREMIUMS****Minnesota**

BREAKFAST FOOD MFG.	2	2016	689,000	4.32	29,765
FOOD SUNDRIES MFG. NOC	2	6504	292,000	3.73	10,892
STORAGE WAREHOUSE: NOC	2	8292	2,205,000	4.99	110,030
CLERICAL OFFICE EMPLOYEES NOC	2	8810	113,000	0.19	215
Manual Premium					150,902
Total Manual Premium					150,902
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			1,660
Total Premium Subject to Experience Modification					152,562
Experience Modification 75%					114,421
Schedule Modifier -2%		9887			-2,288
Premium Discount 12.2%		0063			-13,680
Expense Constant		0900			0
Foreign Terrorism		9740			660
Total MN Premium					99,113
Special Compensation Fund 4.2977%		0174			4,917
Total MN Cost					104,030

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ITEM 4: SCHEDULE OF PREMIUMS****Missouri**

Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	267,000	1.24	3,311
Cable Installation (In Conduits or Subways) & Drivers	1	5190		4.13	
Storage Warehouse NOC	2	8292		5.02	
Manual Premium					3,311
Total Manual Premium					3,311
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			36
Total Premium Subject to Experience Modification					3,347
Experience Modification 75%					2,510
Schedule Modifier -2%		9887			-50
Premium Discount 12.4%		0063			-305
Expense Constant		0900			0
Terrorism Risk Insurance Act		9740			27
Administrative Surcharge 1%		9999			0
Total MO Premium					2,182
Second Injury Fund Surcharge 3%		9999			65
Second Injury Fund-Supplemental 3%		9999			65
Total MO Cost					2,312

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ITEM 4: SCHEDULE OF PREMIUMS**

<b>Mississippi</b>						
Breakfast Food Mfg.	2	2016	192,000	2.78		5,338
Precision Machined Parts Mfg. NOC	2	3629	1,243,000	2.64		32,815
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	530,000	0.81		4,293
Store: Florist & Drivers	2	8001	172,000	2.66		4,575
Store: Wholesale NOC	2	8018	437,000	2.69		11,755
Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	2	8032	56,000	3.33		1,865
Mailing or Addressing Company or Letter Service Shop	2	8800	422,000	1.66		7,005
Clerical Office Employees NOC	2	8810	109,000	0.30		327
Manual Premium						67,973
Total Manual Premium						67,973
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812				748
Total Premium Subject to Experience Modification						68,721
Experience Modification 75%						51,541
Schedule Modifier -2%		9887				-1,031
Premium Discount 12.4%		0063				-6,263
Expense Constant		0900				0
Terrorism		9740				316
Catastrophe (other than Terrorism)		9741				316
Total MS Premium						44,879
Total MS Cost						44,879

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<b>Montana</b>						
Clerical Office Employees NOC	2	8810	2,000	0.63		13
Manual Premium						13
Total Manual Premium						13
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812				0
Total Premium Subject to Experience Modification						13
Experience Modification 75%						10
Schedule Modifier -2%		9887				0
Premium Discount 12.4%		0063				-1
Expense Constant		0900				0
Terrorism		9740				0
Catastrophe (other than Terrorism)		9741				0
Total MT Premium						9
Administrative Fund Premium Surcharge 1.9775%		0939				0
Subsequent Injury Fund Surcharge 0.2084%		0935				0
Total MT Cost						9

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<b>North Carolina</b>					
Automotive Machine Shop	2	3632	608,000	3.89	23,651
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	573,000	7.62	43,663
Building Material Dealer—New Materials Only: Store Employees	2	8058	10,265,000	3.90	400,335
Storage Warehouse NOC	2	8292	1,491,000	4.80	71,568
Computer System Designers or Programmers: Exclusively Office	2	8810		0.20	
Manual Premium					539,217
Total Manual Premium					539,217
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			5,931
Total Premium Subject to Experience Modification					545,148
Experience Modification 75%					408,861
Schedule Modifier -2%		9887			-8,177
Premium Discount 12.4%		0063			-49,685
Expense Constant		0900			0
Terrorism		9740			2,587
Catastrophe (other than Terrorism)		9741			2,587
Total NC Premium					356,173
Total NC Cost					356,173

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ITEM 4: SCHEDULE OF PREMIUMS****Nebraska**

Storage Warehouse NOC	2	8292	1,095,000	4.90	<u>53,655</u>
Manual Premium					53,655
Total Manual Premium					53,655
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			590
Total Premium Subject to Experience Modification					54,245
Experience Modification 75%					40,684
Premium Discount 12.4%		0063			-5,045
Expense Constant		0900			0
Terrorism		9740			219
Catastrophe (other than Terrorism)		9741			219
Total NE Premium					<u>36,077</u>
Total NE Cost					36,077

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ITEM 4: SCHEDULE OF PREMIUMS****New Hampshire**

Storage Warehouse NOC	2	8292		5.91	
Clerical Office Employees NOC	2	8810	56,000	0.27	151
Manual Premium					151
Total Manual Premium					151
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2
Total Premium Subject to Experience Modification					153
Experience Modification 75%					115
Schedule Modifier -2%		9887			-2
Premium Discount 12.4%		0063			-14
Expense Constant		0900			0
Terrorism		9740			11
Catastrophe (other than Terrorism)		9741			11
Total NH Premium					121
Total NH Cost					121

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Electrical Wiring—within Buildings - & Drivers	2	5190		6.23	
Storage Warehouse NOC	2	8292	2,210,000	12.58	278,018
Salespersons - Outside	2	8742	53,000	0.51	270
Clerical Office Employees NOC	2	8810	113,000	0.28	316
Manual Premium					278,604
Total Manual Premium					278,604
Premium for Increased Limits Part Two: 1.4% (\$1,000,000/\$1,000,000/\$1,000,000)		6199			3,900
Total Premium Subject to Experience Modification					282,504
Experience Modification 81.9%					231,371
Schedule Modifier -2%		9887			-4,627
Premium Discount 11%		0063			-24,942
Expense Constant		0900			0
Terrorism 3%		9740			713
Catastrophe (other than Terrorism) 1%		9741			238
Total NJ Premium					202,753
Second Injury Fund Surcharge 5.81%		0935			13,443
Total NJ Cost					216,196

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ITEM 4: SCHEDULE OF PREMIUMS****New Mexico**

Food Sundries Mfg. NOC - No Cereal Milling	2	6504	49,000	7.47	<u>3,660</u>
Manual Premium					3,660
Total Manual Premium					3,660
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			40
Total Premium Subject to Experience Modification					3,700
Experience Modification 75%					2,775
Schedule Modifier -2%		9887			-55
Premium Discount 12.4%		0063			-337
Expense Constant		0900			0
Terrorism		9740			20
Total NM Premium					<u>2,403</u>
Total NM Cost					2,403

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ITEM 4: SCHEDULE OF PREMIUMS****New York**

Electrical Wiring—Within Buildings—& Drivers	2	5190		8.61	
Warehouse NOC	2	8292	288,000	11.44	32,947
Manual Premium					32,947
Total Manual Premium					32,947
Premium for Increased Limits Part Two: 0% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					32,947
Experience Modification 75%					24,710
Schedule Modifier -2%		9887			-494
Premium Discount 7%		0063			-1,695
Expense Constant		0900			0
Terrorism		9740			202
Natural Disasters and Catastrophic industrial Accidents		9741			29
Total NY Premium					22,752
New York State Assessment 12.9%		0932			3,154
Total NY Cost					25,906

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Oklahoma**

Storage Warehouse NOC	2	8292	100	4.51	<u>5</u>
Manual Premium					5
Total Manual Premium					5
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					5
Experience Modification 75%					4
Schedule Modifier -2%		9887			0
Premium Discount 14.4%		0063			-1
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total OK Premium					<u>3</u>
Total OK Cost					3

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Oregon**

Store: Wholesale NOC	2	8018	56,000	3.16	<u>1,770</u>
Manual Premium					1,770
Total Manual Premium					1,770
Premium for Increased Limits Part Two: 0.4% (1000/1000/1000)		9812			7
Total Premium Subject to Experience Modification					1,777
Experience Modification 75%					1,333
Premium Discount 7%		0063			-93
Expense Constant		0900			0
Terrorism		9740			11
Catastrophe (other than Terrorism)		9741			11
Total OR Premium					1,262
Premium Assessment Rate 6.2%		9999			<u>78</u>
Total OR Cost					1,340

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Pennsylvania**

Electrical Wiring—within Buildings	2	661		4.86	
Employment Contractor - Electrical Wiring	2	695	421,000	6.58	<u>27,702</u>
Manual Premium					27,702
Total Manual Premium					27,702
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			388
Total Premium Subject to Experience Modification					28,090
Experience Modification N/A					28,090
Merit Rating Credit -5%		9885			-1,405
Schedule Modifier -2%		9887			-534
Premium Discount 14.4%		0063			-3,766
Expense Constant		0900			0
Terrorism		9740			126
Catastrophe (other than Terrorism)		9741			84
Total PA Premium					22,595
PA Employers Assess. for Subsequent Inj. 1.7%		0938			<u>384</u>
Total PA Cost					22,979

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****South Carolina**

Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	1,167,000	1.85	21,590
Electrical Wiring—within Buildings & Drivers	2	5190		8.15	
Storage Warehouse NOC	2	8292		7.69	
Manual Premium					21,590
Total Manual Premium					21,590
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			237
Total Premium Subject to Experience Modification					21,827
Experience Modification 75%					16,370
Schedule Modifier -2%		9887			-327
Premium Discount 12.4%		0063			-1,989
Expense Constant		0900			0
Terrorism		9740			233
Catastrophe (other than Terrorism)		9741			233
Total SC Premium					14,520
Total SC Cost					14,520

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****South Dakota**

Clerical Office Employees NOC	2	8810	1,000	0.29	<u>3</u>
Manual Premium					3
Total Manual Premium					3
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					3
Experience Modification 75%					2
Schedule Modifier -2%		9887			0
Premium Discount 12.4%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total SD Premium					<u>2</u>
Total SD Cost					2

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Tennessee**

Food Sundries Mfg. NOC - No Cereal Milling	2	6504	91,000	3.10	2,821
Storage Warehouse NOC	2	8292	1	3.26	
Manual Premium					2,821
Total Manual Premium					2,821
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			39
Total Premium Subject to Experience Modification					2,860
Experience Modification 75%					2,145
Schedule Modifier -2%		9887			-43
Premium Discount 12.4%		0063			-261
Expense Constant		0900			0
Terrorism		9740			18
Catastrophe (other than Terrorism)		9741			27
Total TN Premium					1,886
Total TN Cost					1,886

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Virginia**

Machine Shop NOC	2	3632	137,000	3.38	4,631
Store: Wholesale NOC	2	8018	10,000	3.47	347
Building Material Dealer—New Materials Only:					
Store Employees	2	8058	3,617,000	3.71	134,191
Storage Warehouse NOC	2	8292	2,752,000	3.34	91,917
Clerical Office Employees NOC	2	8810	161,000	0.14	225
Manual Premium					231,311
Total Manual Premium					231,311
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,544
Total Premium Subject to Experience Modification					233,855
Experience Modification 75%					175,391
Schedule Modifier -2%		9887			-3,508
Premium Discount 12.4%		0063			-21,313
Expense Constant		0900			0
Terrorism		9740			3,338
Total VA Premium					153,908
Total VA Cost					153,908

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Vermont**

Clerical Office Employees NOC	2	8810	8,000	0.34	<u>27</u>
Manual Premium					27
Total Manual Premium					27
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					27
Experience Modification 75%					20
Schedule Modifier -2%		9887			0
Premium Discount 12.4%		0063			-2
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total VT Premium					22
Workers Comp Administration Fund 1.45%		0939			0
Technological Fund 0.16%		9999			<u>0</u>
Total VT Cost					22

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS****Wisconsin**

Breakfast Food Mfg.	2	2016	5,473,000	2.13	116,575
Printing	2	4299	433,000	2.65	11,475
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	47,000	1.35	635
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	172,000	4.08	7,018
Storage Warehouse NOC	2	8292	1,198,000	7.48	89,610
Clerical Office Employees NOC	2	8810	670,000	0.25	1,675
Manual Premium					226,988
Total Manual Premium					226,988
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			2,497
Total Premium Subject to Experience Modification					229,485
Experience Modification N/A					229,485
Premium Discount 12.2%		0063			-27,997
Expense Constant		0900			0
Terrorism		9740			1,599
Catastrophe (other than Terrorism)		9741			799
Total WI Premium					203,886
Total WI Cost					203,886

**Wesco Insurance Company**

WC 99 00 01 C

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

**Insured: Personnel Staffing Group, LLC****Policy Number: WWC3216474****EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>West Virginia</b>					
Storage Warehouse NOC	2	8292	60,000	2.41	<u>1,446</u>
Manual Premium					1,446
Total Manual Premium					1,446
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			20
Total Premium Subject to Experience Modification					1,466
Experience Modification 75%					1,099
Schedule Modifier -2%		9887			-22
Premium Discount 12.4%		0063			-134
Expense Constant		0900			0
Terrorism		9740			6
Catastrophe (other than Terrorism)		9741			6
Total WV Premium					955
WV Regulatory Surcharge 5%		9999			48
WV Deficit Reduction Surcharge 9%		9999			<u>86</u>
Total WV Cost					1,089
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>34,161,953</b>
<b>STATE ASSESSMENT</b>					<b>885,706</b>
<b>TOTAL COST</b>					<b>35,047,659</b>

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

PERSONNEL STAFFING GROUP, LLC  
DBA: BARNETT MANAGEMENT  
1751 LAKE COOK ROAD  
SUITE 600  
DEERFIELD, IL 60015

AmWINS Specialty Casualty Solutions,  
LLC  
10 South LaSalle Street Suite 2000  
Chicago, IL 60603

Enclosed is a Policy Change Endorsement for Policy Number: WWC3216474

For Policy Change Endorsements, please retain one copy for your files and provide the second to the policyholder.

For questions, please contact our Underwriting Office at: 877-528-7878.


8/22/2016



**AmTrust North America**  
An AmTrust Financial Company

POLICY INFORMATION PAGE ENDORSEMENT

Insured: **Personnel Staffing Group, LLC**  
**DBA: Barnett Management**  
Policy Period: **6/30/2016 to 6/30/2017**  
Carrier Name: **Wesco Insurance Company**

Policy No: **WWC3216474**  
Endorsement No: **3**  
Endmt Effective: **6/30/2016**  
Authorized Rep: 

The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                       |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                       |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14)          |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)          |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)               |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)   |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                         |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)               |   |

is changed to read:

Add ME UIAN number 0751254000

Wesco Insurance Company

WC 99 00 01 C

1 of 1

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insured: Personnel Staffing Group, LLC

Policy Number: WWC3216474

**EXTENSION OF INFORMATION PAGE FOR ITEM #1  
ITEM 1: NAMED INSURED and WORKPLACES**

<b>NAMED INSURED:</b>	Personnel Staffing Group, LLC DBA: Barnett Management	Fein: 010759364
<b>WORKPLACES:</b>	Location Number 1. No Specific Location None, MN 99999 Location Number 3. 1740 N. Ridge Avenue Suite 305 Evanston, IL 60201 Location Number 5. No Specific Location None, GA 99999 Location Number 7. 103-8 Woodland Road Batesville, MS 38606 Location Number 9. 2025-C Eastgate Dr. Greenville, NC 27858 Location Number 11. No Specific Location None, AZ 99999 Location Number 13. 501 S. Falkenberg Tampa, FL 33619 Location Number 15. 570 West 4th Street Suite 104 San Bernardino, CA 92840 Location Number 17. 801 W. Victoria Street Rancho Dominguez, CA 90220 Location Number 19. No Specific Location None, MI 99999  Location Number 21. No Specific Location None, NY 10001  Location Number 23. No Specific Location None, VT 99999 Location Number 25. No Specific Location None, MA 99999 Location Number 27. No Specific Location None, NH 99999 Location Number 29. No Specific Location None, SD 99999 Location Number 31. No Specific Location None, MO 99999	Location Number 2. No Specific Location None, OK 99999 Location Number 4. No Specific Location None, WI 99999  Location Number 6. No Specific Location None, MD 99999 Location Number 8. No Specific Location None, NJ 99999 Location Number 10. No Specific Location None, TN 99999 Location Number 12. No Specific Location None, KY 40504 Location Number 14. No Specific Location None, MT 99999 Location Number 16. No Specific Location None, PA 99999  Location Number 18. No Specific Location None, ID 99999 Location Number 20. 9300 Forest Point Circle Ste. 150 Manassas, VA 20110 Location Number 22. 821 Baxter Street Suite 314 Charlotte, NC 28202 Location Number 24. No Specific Location None, DE 99999 Location Number 26. 7677 S.W. Ellipse Way Stuart, FL 34997 Location Number 28. 7999 W. Grand Avenue Franklin Park, IL 60131 Location Number 30. No Specific Location None, KS 99999 Location Number 32. 2431 Spring Forest Road Suite 163 Raleigh, NC 27615

Location Number 33.  
No Specific Location  
None, OR 99999

Location Number 35.  
No Specific Location  
None, WV 99999

Location Number 37.  
No Specific Location  
None, ME 99999

Location Number 39.  
No Specific Location  
None, NM 99999

Location Number 41.  
No Specific Location  
None, VA 99999

Location Number 43.  
No Specific Location  
None, LA 99999

Location Number 45.  
No Specific Location  
None, NE 99999

Location Number 47.  
No Specific Location  
None, SC 99999

Location Number 49.  
No Specific Location  
None, IN 46234

Location Number 34.  
169 Tequesta Drive  
Suite 21E  
Tequesta, FL 33469

Location Number 36.  
No Specific Location  
None, IA 99999

Location Number 38.  
2440 N. Hills Street  
Suite 102  
Meridian, MS 39305

Location Number 40.  
205 West Randolph  
Chicago, IL 60606

Location Number 42.  
No Specific Location  
None, CT 99999

Location Number 44.  
1300 N. Florida Mango  
West Palm Beach, FL 33409

Location Number 46.  
12465 Lewis Street  
Suite 204  
Garden Grove, CA 92840

Location Number 48.  
No Specific Location  
None, AL 99999

**NAMED INSURED:  
WORKPLACES:**

MVP Workforce, LLC  
Location Number 50.  
666 Dundee Road  
Suite 201  
Northbrook, IL 60062

Fein: 263242640  
Location Number 51.  
No Specific Location  
None, AR 99999

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

PERSONNEL STAFFING GROUP, LLC  
DBA: BARNETT MANAGEMENT  
1751 LAKE COOK ROAD  
SUITE 600  
DEERFIELD, IL 60015

AmWINS Specialty Casualty Solutions,  
LLC  
10 South LaSalle Street Suite 2000  
Chicago, IL 60603

Enclosed is a Final Premium Audit Endorsement for Policy Number: WWC3216474

All Final Premium Audit Endorsements are mailed directly to the policyholder with a copy to the Agent indicated above.

For questions regarding the Audit, please contact our Customer Service Department at 877-528-7878.

9/1/2016



AmTrust North America  
An AmTrust Financial Company



Wesco Insurance Company  
An AmTrust Financial Company

**Policy WWC3216474 Endorsement 4**

**FINAL PREMIUM AUDIT**

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 6/30/2016 forms a part of

<b>Policy:</b>	WWC3216474
<b>Issued to:</b>	Personnel Staffing Group, LLC
<b>Policy Dates:</b>	6/30/2016 to 6/30/2017
<b>Description:</b>	Final Premium Audit - Final Premium Audit

**State of Alabama - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	22,504	4.50	1,013
Clerical Office Employees NOC	2	8810		0.28	
Manual Premium					1,013
Total Manual Premium					1,013
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			14
Total Premium Subject to Experience Modification					1,027
Experience Modification 75%					770
Schedule Modifier -2%		9887			-15
Premium Discount 12.3%		0063			-93
Expense Constant		0900			0
Terrorism		9740			5
Catastrophe (other than Terrorism)		9741			5
Total AL Premium					672
Total AL Cost					672

**State of Arkansas - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	1	8292	1,825	2.50	46
Manual Premium					46
Total Manual Premium					46
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			1
Total Premium Subject to Experience Modification					47
Experience Modification 75%					35
Schedule Modifier -2%		9887			-1
Premium Discount 12.3%		0063			-4
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total AR Premium					30
Total AR Cost					30

**State of Arizona - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—within Buildings & Drivers	1	5190	20	4.29	1
Storage Warehouse NOC	1	8292	42,778	3.97	1,698
Manual Premium					1,699
Total Manual Premium					1,699
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			19
Total Premium Subject to Experience Modification					1,718
Experience Modification 75%					1,288
Schedule Modifier -2%		9887			-26
Premium Discount 12%		0063			-151
Expense Constant		0900			0
Terrorism		9740			4
Catastrophe (other than Terrorism)		9741			4
Total AZ Premium					<u>1,119</u>
Total AZ Cost					1,119

**State of California - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Bakeries and Cracker Mfg.	1	2003	6,294,258	17.26	1,086,389
Bottling	1	2163	539,693	15.46	83,437
Clothing Mfg.	1	2501	3,628,838	12.80	464,491
Sawmills or Shingle Mills	1	2710	241,058	14.96	36,062
Wood Products Mfg.	1	2842	107,047	20.72	22,180
Tag, Button or Fastener Mfg.	1	3131	1,108,784	12.62	139,929
Electrical Apparatus Mfg.	1	3179	2,201,551	9.00	198,140
Instrument Mfg. — electronic	1	3681	2,513,973	2.45	61,592
Automobile, Automobile Truck or Motorcycle Parts Mfg.	1	3840	1,124,800	11.93	134,189
Plastics — injection molded products mfg.	1	4498	2,933,441	11.90	349,079
Plastics — thermoformed products mfg.	1	4499	2,105,249	13.95	293,682
Cosmetic, Personal Care or Perfumery Products Mfg.	1	4623	4,117,441	16.87	694,612
Vitamin or Food Supplement Mfg.	1	4831	1,211,573	14.90	180,524
Office Machine Installation or Repair	1	5191	264,373	4.72	12,478
Food Products Mfg. or Processing	1	6504	6,635,063	16.97	1,125,970
Stores — retail	1	8017	559,156	7.47	41,769
Stores — wholesale	1	8018	1,876,964	14.40	270,283
Stores — clothing, dry goods — wholesale	1	8032	1,022,619	15.97	163,312
Warehouses — general merchandise	1	8292	12,391,655	18.94	2,346,979
Clerical Office Employees	1	8810	3,484,082	0.88	30,660
Restaurants or Taverns	1	9079	2,442,608	9.45	230,826
Manual Premium					7,966,583
Total Manual Premium					7,966,583
Total Premium Subject to Experience Modification					7,966,583
Experience Modification 94%					7,488,588
California Territorial Factor 1					0
Schedule Modifier -21%		9887			-1,572,603
Premium Discount 6.8%		0063			-402,287
Expense Constant		0900			0
Terrorism		9740			17,041
Catastrophe (other than Terrorism)		9741			5,680
Total CA Premium					5,536,419
CIGA 2%		9999			110,728
WCARF 0.3433%		9999			19,007
UEBTF 0.0532%		9999			2,945
SIBTF 0.1191%		9999			6,594
OSHAF 0.1925%		9999			10,658
LECF 0.1215%		9999			6,727
FRAUD 0.1741%		9999			9,639
Total CA Cost					5,702,717

**State of Connecticut - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Clerical Office Employees NOC	1	8810	2,230	0.26	6
Manual Premium					6
Total Manual Premium					6
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					6
Experience Modification 75%					4
Premium Discount 12.3%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total CT Premium					4
Second Injury Fund Assessment 2.75%		9999			0
Admin Costs of W/C Commissioners Office 1.9%		9999			0
Total CT Cost					<hr/> 4

**State of Delaware - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Warehousing NOC	1	813	55,145	9.49	5,233
Clerical Office Employees	1	953	8,515	0.38	32
Manual Premium					5,265
Total Manual Premium					5,265
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			58
Total Premium Subject to Experience Modification					5,323
Experience Modification N/A					5,323
Schedule Modifier -2%		9887			-106
Premium Discount 12.3%		0063			-642
Expense Constant		0900			0
Terrorism		9740			13
Catastrophe (other than Terrorism)		9741			13
Total DE Premium					4,601
Total DE Cost					4,601

**State of Florida - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Landscape Gardening & Drivers	1	0042	1,312,740	8.58	112,633
Cloth, Canvas and Related Products Mfg. NOC	1	2501	925,304	2.93	27,111
Storage Warehouse NOC	1	8292	1,011,266	5.52	55,822
Salespersons, Collectors or Messengers—Outside	1	8742	44,400	0.45	200
Clerical Office Employees NOC	1	8810	840,964	0.23	1,934
Club—Country, Golf, Fishing or Yacht & Clerical	1	9060	6,189,644	2.22	137,410
Park NOC—All Employees & Drivers	1	9102	1,149,534	4.50	51,729
Manual Premium					386,839
Total Manual Premium					386,839
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			5,416
Total Premium Subject to Experience Modification					392,255
Experience Modification 75%					294,191
Premium Discount 12%		0063			-35,303
Expense Constant		0900			0
Terrorism Risk Insurance Act		9740			2,295
Total FL Premium					<u>261,183</u>
Total FL Cost					261,183

**State of Georgia - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Store: Wholesale NOC	1	8018	1,247,660	5.00	62,383
Storage Warehouse NOC	2	8292	1,105,945	7.22	79,849
Clerical Office Employees NOC	1	8810	40,751	0.23	94
Manual Premium					142,326
Total Manual Premium					142,326
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			1,566
Total Premium Subject to Experience Modification					143,892
Experience Modification 75%					107,919
Schedule Modifier -2%		9887			-2,158
Premium Discount 6.8%		0063			-7,192
Expense Constant		0900			0
Terrorism		9740			479
Catastrophe (other than Terrorism)		9741			479
Total GA Premium					<u>99,527</u>
Total GA Cost					99,527

**State of Iowa - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	1	8292	990,586	4.98	49,331
Manual Premium					49,331
Total Manual Premium					49,331
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			543
Total Premium Subject to Experience Modification					49,874
Experience Modification 75%					37,405
Schedule Modifier -2%		9887			-748
Premium Discount 12%		0063			-4,399
Expense Constant		0900			0
Terrorism		9740			198
Catastrophe (other than Terrorism)		9741			99
Total IA Premium					32,555
Total IA Cost					32,555

**State of Idaho - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	608	5.74	35
Manual Premium					35
Total Manual Premium					35
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					35
Experience Modification 75%					26
Premium Discount 12%		0063			-3
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total ID Premium					<u>23</u>
Total ID Cost					23

## State of Illinois - Premium for Period 1: 6/30/2016 to 8/5/2016

Classification	# Emps	Code	Payroll	Rate	Premium
Breakfast Food Mfg.	2	2016	34,466	4.05	1,396
Packing House—All Operations	2	2089	155,907	4.18	6,517
Sheet Metal Products Mfg. - Shop Only	1	3076	281,403	6.66	18,741
Screw Mfg.	2	3145	147,392	3.52	5,188
Electrical Apparatus Mfg. NOC	2	3179	736,756	3.86	28,439
Eyelet Mfg.	2	3270	144,959	6.27	9,089
Metal Stamped Goods Mfg. NOC	2	3400	403,655	6.38	25,753
Pump Mfg.	2	3612	212,066	4.85	10,285
Precision Machined Parts Mfg. NOC	2	3629	111,710	3.74	4,178
Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	457,584	1.84	8,420
Corrugated or Fiberboard Container Mfg.	2	4244	642,077	5.68	36,470
Bag Mfg.—Plastic or Paper	2	4273	268,225	5.23	14,028
Printing	2	4299	1,980,159	4.02	79,602
Bookbinding	2	4307	645,523	3.84	24,788
Plastics Mfg.—Molded Products NOC	2	4484	1,302,603	4.45	57,966
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	1,383,901	2.38	32,937
Drug, Medicine or Pharmaceutical Preparation Mfg. - Includes Mfg. of Ingredients	2	4825	1,064,586	2.11	22,463
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	263,359	19.10	50,302
Office Machine Installation, Inspection, Adjustment, or Repair	2	5191	35,074	1.33	466
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	487,589	5.52	26,915
Trucking—Mail, Parcel or Package Delivery—All Employees & Drivers	1	7231	142,932	14.38	20,554
Store: Florist & Drivers	2	8001	47,847	3.23	1,545
Store: Hardware	2	8010	171,315	2.78	4,763
Store: Retail—NOC	2	8017	783,995	2.93	22,971
Store: Wholesale NOC	2	8018	686,274	5.33	36,578
Store: Meat, Fish, or Poultry—Retail	2	8031	126,104	3.76	4,742
Store: Furniture & Drivers	2	8044	327,830	5.36	17,572
Vegetable Packing & Drivers	2	8209	499,753	5.10	25,487
Storage Warehouse NOC	2	8292	3,703,852	6.88	254,825
Salespersons, Collectors or Messengers—Outside	2	8742	81,096	0.43	349
Mailing or Addressing Company or Letter Service Shop	2	8800	4,294,838	3.28	140,871
Clerical Office Employees NOC	2	8810	3,598,225	0.19	6,837
Hotel—All Other Employees & Salespersons, Drivers	2	9052	230,718	4.21	9,713
Hotel—Restaurant Employees	2	9058	139,282	2.43	3,385
Manual Premium					1,014,135
Total Manual Premium					1,014,135
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			14,198
Total Premium Subject to Experience Modification					1,028,333
Experience Modification 75%					771,250
Schedule Modifier -1%		9887			-7,712
Premium Discount 7.2%		0063			-54,975
Expense Constant		0900			0

Terrorism	9740	12,797
Catastrophe (other than Terrorism)	9741	2,559
Total IL Premium		723,919
Illinois Surcharge 1.01%	9999	<u>7,312</u>
Total IL Cost		731,231

**State of Indiana - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Landscape Gardening & Drivers	1	0042	9,732	6.13	597
Welding or Cutting NOC	1	3365	103,803	5.47	5,678
Valve Mfg.	2	3634	59,605	1.56	930
Printing	2	4299	46,022	1.72	792
Storage Warehouse NOC	2	8292	10,745	2.98	320
Clerical Office Employees NOC	2	8810	10,340	0.18	19
Manual Premium					8,336
Total Manual Premium					8,336
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			92
Total Premium Subject to Experience Modification					8,428
Experience Modification 75%					6,321
Schedule Modifier -2%		9887			-126
Premium Discount 12%		0063			-743
Expense Constant		0900			0
Terrorism		9740			24
Catastrophe (other than Terrorism)		9741			24
Total IN Premium					5,500
Indiana 2nd Injury Fund Surcharge 0.26%		0935			14
Total IN Cost					5,514

**State of Kansas - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	97,518	4.43	4,320
Manual Premium					4,320
Total Manual Premium					4,320
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			48
Total Premium Subject to Experience Modification					4,368
Experience Modification 75%					3,276
Schedule Modifier -2%		9887			-66
Premium Discount 12.3%		0063			-395
Expense Constant		0900			0
Terrorism		9740			20
Catastrophe (other than Terrorism)		9741			20
Total KS Premium					<u>2,855</u>
Total KS Cost					2,855

**State of Kentucky - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—within Buildings & Drivers	2	5190	445,825	3.27	14,578
Manual Premium					14,578
Total Manual Premium					14,578
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			160
Total Premium Subject to Experience Modification					14,738
Experience Modification 75%					11,053
Schedule Modifier -2%		9887			-221
Premium Discount 12.3%		0063			-1,332
Expense Constant		0900			0
Terrorism		9740			89
Catastrophe (other than Terrorism)		9741			89
Total KY Premium					9,678
All Employers Special Fund Assessment 5.51%		9999			533
Total KY Cost					10,211

**State of Louisiana - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—within Buildings & Drivers	2	5190	95,896	4.43	4,248
Manual Premium					4,248
Total Manual Premium					4,248
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			59
Total Premium Subject to Experience Modification					4,307
Experience Modification 75%					3,230
Schedule Modifier -2%		9887			-65
Premium Discount 12.3%		0063			-389
Expense Constant		0900			0
Terrorism		9740			19
Catastrophe (other than Terrorism)		9741			19
Total LA Premium					<u>2,814</u>
Total LA Cost					2,814

**State of Massachusetts - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	844,614	3.46	29,224
Clerical Office Employees NOC	2	8810	382,570	0.08	306
MA LCM Deviation	0	9037		0.00	
Manual Premium					29,530
Total Manual Premium					29,530
Premium for Increased Limits Part Two: 2% (1000/1000/1000)		9812			591
Total Premium Subject to Experience Modification					30,121
Experience Modification 75%					22,591
Premium Discount 12%		0063			-2,711
Expense Constant		0900			0
Foreign Terrorism		9740			368
Total MA Premium					20,248
DIA Assessment 5.75%		9751			1,274
Total MA Cost					<u>21,522</u>

**State of Maryland - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	47,036	5.68	2,672
Clerical Office Employees NOC	1	8810	124,888	0.17	212
Manual Premium					2,884
Total Manual Premium					2,884
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			32
Total Premium Subject to Experience Modification					2,916
Experience Modification 75%					2,187
Schedule Modifier -2%		9887			-44
Premium Discount 12.3%		0063			-264
Expense Constant		0900			0
Terrorism		9740			86
Catastrophe (other than Terrorism)		9741			34
Total MD Premium					1,999
Total MD Cost					1,999

**State of Maine - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Clerical Office Employees NOC	2	8810	203	0.42	1
Manual Premium					1
Total Manual Premium					1
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					1
Experience Modification 75%					1
Schedule Modifier -2%		9887			0
Premium Discount 12.3%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total ME Premium					1
Workers Compensation Board Assessment 2.49%		9999			0
Total ME Cost					<hr/> 1

**State of Michigan - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Food Sundries Mfg. NOC	2	6504	22,301	2.89	644
Warehousing NOC	2	8292	5,271	4.52	238
Clerical Office Employees NOC	2	8810		0.14	
Manual Premium					882
Total Manual Premium					882
Premium for Increased Limits Part Two: 2.8% (1000/1000/1000)		9812			25
Total Premium Subject to Experience Modification					907
Experience Modification 95%					862
Merit Rating Credit 0%		9889			0
Schedule Modifier -2%		9887			-17
Premium Discount 5.8%		0063			-49
Expense Constant		0900			0
Total MI Premium					796
Total MI Cost					796

**State of Minnesota - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
BREAKFAST FOOD MFG.	2	2016	139,688	4.32	6,035
FOOD SUNDRIES MFG. NOC	2	6504	59,200	3.73	2,208
STORAGE WAREHOUSE: NOC	2	8292	447,041	4.99	22,307
CLERICAL OFFICE EMPLOYEES NOC	2	8810	22,910	0.19	44
Manual Premium					30,594
Total Manual Premium					30,594
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			337
Total Premium Subject to Experience Modification					30,931
Experience Modification 75%					23,198
Schedule Modifier -2%		9887			-464
Premium Discount 12%		0063			-2,728
Expense Constant		0900			0
Foreign Terrorism		9740			134
Total MN Premium					20,140
Special Compensation Fund 4.2977%		0174			997
Total MN Cost					21,137

**State of Missouri - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	54,132	1.24	671
Cable Installation (In Conduits or Subways) & Drivers	1	5190		4.13	
Storage Warehouse NOC	2	8292		5.02	
Manual Premium					671
Total Manual Premium					671
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			7
Total Premium Subject to Experience Modification					678
Experience Modification 75%					508
Schedule Modifier -2%		9887			-10
Premium Discount 12.3%		0063			-61
Expense Constant		0900			0
Terrorism Risk Insurance Act		9740			5
Administrative Surcharge 1%		9999			0
Total MO Premium					442
Second Injury Fund Surcharge 3%		9999			13
Second Injury Fund-Supplemental 3%		9999			13
Total MO Cost					468

**State of Mississippi - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Breakfast Food Mfg.	2	2016	38,926	2.78	1,082
Precision Machined Parts Mfg. NOC	2	3629	252,005	2.64	6,653
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	107,452	0.81	870
Store: Florist & Drivers	2	8001	34,871	2.66	928
Store: Wholesale NOC	2	8018	88,597	2.69	2,383
Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	2	8032	11,353	3.33	378
Mailing or Addressing Company or Letter Service Shop	2	8800	85,556	1.66	1,420
Clerical Office Employees NOC	2	8810	22,099	0.30	66
Manual Premium					13,780
Total Manual Premium					13,780
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			152
Total Premium Subject to Experience Modification					13,932
Experience Modification 75%					10,449
Schedule Modifier -2%		9887			-209
Premium Discount 12.3%		0063			-1,260
Expense Constant		0900			0
Terrorism		9740			64
Catastrophe (other than Terrorism)		9741			64
Total MS Premium					9,108
Total MS Cost					9,108

**State of Montana - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Clerical Office Employees NOC	2	8810	405	0.63	3
Manual Premium					3
Total Manual Premium					3
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					3
Experience Modification 75%					2
Schedule Modifier -2%		9887			0
Premium Discount 12.3%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total MT Premium					2
Administrative Fund Premium Surcharge 1.9775%		0939			0
Subsequent Injury Fund Surcharge 0.2084%		0935			0
Total MT Cost					<hr/> 2

**State of North Carolina - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Automotive Machine Shop	2	3632	123,266	3.89	4,795
Door, Door Frame or Sash Erection—Metal or Metal Covered	2	5102	116,170	7.62	8,852
Building Material Dealer—New Materials Only: Store Employees	2	8058	2,081,123	3.90	81,164
Storage Warehouse NOC	2	8292	302,285	4.80	14,510
Computer System Designers or Programmers: Exclusively Office	2	8810		0.20	
Manual Premium					109,321
Total Manual Premium					109,321
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			1,203
Total Premium Subject to Experience Modification					110,524
Experience Modification 75%					82,893
Schedule Modifier -2%		9887			-1,658
Premium Discount 12.3%		0063			-9,992
Expense Constant		0900			0
Terrorism		9740			525
Catastrophe (other than Terrorism)		9741			525
Total NC Premium					<u>72,293</u>
Total NC Cost					72,293

**State of Nebraska - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	222,000	4.90	10,878
Manual Premium					10,878
Total Manual Premium					10,878
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			120
Total Premium Subject to Experience Modification					10,998
Experience Modification 75%					8,248
Premium Discount 12.3%		0063			-1,015
Expense Constant		0900			0
Terrorism		9740			44
Catastrophe (other than Terrorism)		9741			44
Total NE Premium					<u>7,321</u>
Total NE Cost					7,321

**State of New Hampshire - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292		5.91	
Clerical Office Employees NOC	2	8810	11,353	0.27	31
Manual Premium					31
Total Manual Premium					31
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					31
Experience Modification 75%					23
Schedule Modifier -2%		9887			0
Premium Discount 12.3%		0063			-3
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total NH Premium					<u>24</u>
Total NH Cost					24

**State of New Jersey - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—within Buildings - & Drivers	2	5190		6.23	
Storage Warehouse NOC	2	8292	448,055	12.58	56,365
Salespersons - Outside	2	8742	10,745	0.51	55
Clerical Office Employees NOC	2	8810	22,910	0.28	64
Manual Premium					56,484
Total Manual Premium					56,484
Premium for Increased Limits Part Two: 1.4% (\$1,000,000/\$1,000,000/\$1,000,000)		6199			791
Total Premium Subject to Experience Modification					57,275
Experience Modification 81.9%					46,908
Schedule Modifier -2%		9887			-938
Premium Discount 10.8%		0063			-4,965
Expense Constant		0900			240
Terrorism 3%		9740			145
Catastrophe (other than Terrorism) 1%		9741			48
Total NJ Premium					41,438
Second Injury Fund Surcharge 5.81%		0935			2,725
Total NJ Cost					44,163

**State of New Mexico - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	9,934	7.47	742
Manual Premium					742
Total Manual Premium					742
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			8
Total Premium Subject to Experience Modification					750
Experience Modification 75%					562
Schedule Modifier -2%		9887			-11
Premium Discount 12.3%		0063			-68
Expense Constant		0900			0
Terrorism		9740			4
Total NM Premium					487
Total NM Cost					487

**State of New York - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—Within Buildings—& Drivers	2	5190		8.61	
Warehouse NOC	2	8292	58,389	11.44	6,680
Manual Premium					6,680
Total Manual Premium					6,680
Premium for Increased Limits Part Two: 0% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					6,680
Experience Modification 75%					5,010
Schedule Modifier -2%		9887			-100
Premium Discount 6.8%		0063			-334
Expense Constant		0900			0
Terrorism		9740			41
Natural Disasters and Catastrophic Industrial Accidents		9741			6
Total NY Premium					4,623
New York State Assessment 12.9%		0932			639
Total NY Cost					5,262

**State of Oklahoma - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	20	4.51	1
Manual Premium					1
Total Manual Premium					1
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					1
Experience Modification 75%					1
Schedule Modifier -2%		9887			0
Premium Discount 14.2%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total OK Premium					<u>1</u>
Total OK Cost					1

**State of Oregon - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Store: Wholesale NOC	2	8018	11,353	3.16	359
Manual Premium					359
Total Manual Premium					359
Premium for Increased Limits Part Two: 0.4% (1000/1000/1000)		9812			1
Total Premium Subject to Experience Modification					360
Experience Modification 75%					270
Premium Discount 6.8%		0063			-18
Expense Constant		0900			0
Terrorism		9740			2
Catastrophe (other than Terrorism)		9741			2
Total OR Premium					256
Premium Assessment Rate 6.2%		9999			16
Total OR Cost					<hr/> 272

**State of Pennsylvania - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Electrical Wiring—within Buildings	2	661		4.86	
Employment Contractor - Electrical Wiring	2	695	85,353	6.58	5,616
Manual Premium					5,616
Total Manual Premium					5,616
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			79
Total Premium Subject to Experience Modification					5,695
Experience Modification N/A					5,695
Merit Rating Credit -5%		9885			-285
Schedule Modifier -2%		9887			-108
Premium Discount 14.2%		0063			-753
Expense Constant		0900			0
Terrorism		9740			26
Catastrophe (other than Terrorism)		9741			17
Total PA Premium					4,592
PA Employers Assess. for Subsequent Inj. 1.7%		0938			78
Total PA Cost					4,670

**State of South Carolina - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Television, Radio, Telephone or Telecommunication Device Mfg. NOC	2	3681	236,597	1.85	4,377
Electrical Wiring—within Buildings & Drivers	2	5190		8.15	
Storage Warehouse NOC	2	8292		7.69	
Manual Premium					4,377
Total Manual Premium					4,377
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			48
Total Premium Subject to Experience Modification					4,425
Experience Modification 75%					3,319
Schedule Modifier -2%		9887			-66
Premium Discount 12.3%		0063			-400
Expense Constant		0900			0
Terrorism		9740			47
Catastrophe (other than Terrorism)		9741			47
Total SC Premium					<u>2,947</u>
Total SC Cost					2,947

**State of South Dakota - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Clerical Office Employees NOC	2	8810	203	0.29	1
Manual Premium					1
Total Manual Premium					1
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					1
Experience Modification 75%					1
Schedule Modifier -2%		9887			0
Premium Discount 12.3%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total SD Premium					<u>1</u>
Total SD Cost					1

**State of Tennessee - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	18,449	3.10	572
Storage Warehouse NOC	2	8292		3.26	
Manual Premium					572
Total Manual Premium					572
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			8
Total Premium Subject to Experience Modification					580
Experience Modification 75%					435
Schedule Modifier -2%		9887			-9
Premium Discount 12.3%		0063			-52
Expense Constant		0900			0
Terrorism		9740			4
Catastrophe (other than Terrorism)		9741			6
Total TN Premium					384
Total TN Cost					384

**State of Virginia - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Machine Shop NOC	2	3632	27,775	3.38	939
Store: Wholesale NOC	2	8018	2,027	3.47	70
Building Material Dealer—New Materials Only:					
Store Employees	2	8058	733,310	3.71	27,206
Storage Warehouse NOC	2	8292	557,940	3.34	18,635
Clerical Office Employees NOC	2	8810	32,641	0.14	46
Manual Premium					46,896
Total Manual Premium					46,896
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			516
Total Premium Subject to Experience Modification					47,412
Experience Modification 75%					35,559
Schedule Modifier -2%		9887			-711
Premium Discount 12.3%		0063			-4,286
Expense Constant		0900			0
Terrorism		9740			677
Total VA Premium					31,239
Total VA Cost					31,239

**State of Vermont - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Clerical Office Employees NOC	2	8810	1,622	0.34	6
Manual Premium					6
Total Manual Premium					6
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			0
Total Premium Subject to Experience Modification					6
Experience Modification 75%					4
Schedule Modifier -2%		9887			0
Premium Discount 12.2%		0063			0
Expense Constant		0900			0
Terrorism		9740			0
Catastrophe (other than Terrorism)		9741			0
Total VT Premium					<u>4</u>
Total VT Cost					4

**State of Wisconsin - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Breakfast Food Mfg.	2	2016	1,109,595	2.13	23,634
Printing	2	4299	87,786	2.65	2,326
Pharmaceutical or Surgical Goods Mfg. NOC	2	4693	9,529	1.35	129
Food Sundries Mfg. NOC - No Cereal Milling	2	6504	34,871	4.08	1,423
Storage Warehouse NOC	2	8292	242,882	7.48	18,168
Clerical Office Employees NOC	2	8810	135,836	0.25	340
Manual Premium					46,020
Total Manual Premium					46,020
Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)		9812			506
Total Premium Subject to Experience Modification					46,526
Experience Modification N/A					46,526
Premium Discount 12%		0063			-5,583
Expense Constant		0900			0
Terrorism		9740			324
Catastrophe (other than Terrorism)		9741			162
Total WI Premium					41,429
Total WI Cost					41,429

**State of West Virginia - Premium for Period 1: 6/30/2016 to 8/5/2016**

Classification	# Emps	Code	Payroll	Rate	Premium
Storage Warehouse NOC	2	8292	12,164	2.41	293
Manual Premium					293
Total Manual Premium					293
Premium for Increased Limits Part Two: 1.4% (1000/1000/1000)		9812			4
Total Premium Subject to Experience Modification					297
Experience Modification 75%					223
Schedule Modifier -2%		9887			-4
Premium Discount 12.3%		0063			-27
Expense Constant		0900			0
Terrorism		9740			1
Catastrophe (other than Terrorism)		9741			1
Total WV Premium					194
WV Regulatory Surcharge 5%		9999			10
WV Deficit Reduction Surcharge 9%		9999			17
Total WV Cost					<hr/> 221

**Policy Cost**

Minimum Premium

\$625

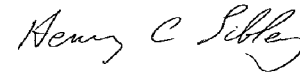
7,120,807

The return premium above may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded by check in the mail within 30-45 days.

Printed: 9/1/2016

dwarner

WWC3216474



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Authorized Representative

**If you have questions, please contact:**

Wesco Insurance Company, 877-528-7878

P.O. Box 31330, Cleveland OH 44131-0480

cc: AmWINS Specialty Casualty Solutions, LLC  
10 South LaSalle Street Suite 2000  
Chicago, IL 60603

Wesco Insurance Company  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

**Important information regarding your  
Workers' Compensation and Employers' Liability Insurance Policy**

**Notice of Cancellation**

Personnel Staffing Group, LLC  
DBA: Barnett Management  
Attn: Danny Barnett  
1751 Lake Cook Road  
Suite 600  
Deerfield IL 60015

AmWINS Specialty Casualty Solutions, LLC  
10 South LaSalle Street Suite 2000  
Chicago IL 60603

Insured: Personnel Staffing Group, LLC  
Policy Number: WWC3216474  
Account Number: 13120590

Policy Period: 6/30/2016 to 6/30/2017 12:01 a.m. at the insured's mailing address

Broker: AmWINS Specialty Casualty Solutions, LLC  
Broker Telephone Number: (312) 601-9254

**Date of Notice:** 7/7/2016  
**Notice Type:** **Cancellation**  
**Effective Date of Cancellation:** 8/5/2016 12:01 a.m. at the insured's mailing address  
**Endorsement No:** 2

**Reason:** Insured Request

You are hereby notified that in accordance with the terms and conditions of the above mentioned policy, your insurance will cease at and from the hour and date mentioned above due to the reason stated above.

On the premium that has been paid, premium adjustment will be made as soon as practical after cancellation becomes effective. A final audit will be done and a bill for the premium earned to the time of cancellation will be forwarded in due course.

If you have any questions regarding this notice, please contact your broker or our Customer Service Department at 877-528-7878.

**You must maintain workers' compensation insurance, or obtain permission to self-insure for workers' compensation from the Minnesota Department of Commerce. The failure to maintain workers' compensation coverage is a violation of section 176.181, and could result in criminal prosecution and civil penalties of up to \$1,000 per week per uninsured employee.**



Wesco Insurance Company  
An AmTrust Financial Company

By:   
Authorized Representative

To insure proper credit, please include this voucher with your payment.

Personnel Staffing Group, LLC

**Due Date:**

**Upon Receipt**

Minimum Payment Due  
Amount Paid

Policy Number

WWC3216474

Eff Date of Cancellation

8/5/2016

**Remit Payments to:** Amtrust North America, Inc.  
P.O. Box 6939  
Cleveland, OH 44101-1939



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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY  
INSURANCE POLICY****WC 89 06 09 C****POLICY TERMINATION/CANCELATION/REINSTATEMENT NOTICE**

Carrier Name/NCCI Carrier Code	Wesco Insurance Company	26135
Insured's Name	Personnel Staffing Group, LLC	
Federal ID No.	010759364	
Insured's Address	Personnel Staffing Group, LLC DBA: Barnett Management Attn: Danny Barnett 1751 Lake Cook Road Suite 600 Deerfield IL 60015	

<b>Policy Number</b>	<b>Policy Effective Date</b>	<b>Policy Expiration Date</b>
WWC3216474	6/30/2016	6/30/2017

**Termination/Cancellation/Nonrenewal**

The coverage provided by the policy number shown above is being terminated/canceled pro rate effective 8/5/2016 12:01 a.m. standard time at the insured's mailing address for the following reason(s):

Insured Request

Issue Date	7/7/2016
Issuing Office	800 Superior Avenue East, 21st Floor Cleveland, OH 44114
Producer's Name	AmWINS Specialty Casualty Solutions, LLC

Date Stamp  
(For NCCI use only)

**NOTICE OF TERMINATION OF LIABILITY**

Michigan Department of Licensing and Regulatory Affairs  
 Workers' Compensation Agency  
 P.O. Box 30016, Lansing, Michigan 48909

INSTRUCTIONS: SEE REVERSE SIDE

1. Employer Federal ID Number 010759364			
2. Name of Business(es) Personnel Staffing Group, LLC			
3. Owner of Business (if applicable)			
4. Business Address (Street Number and Name) 1751 Lake Cook Road Suite 600		City Deerfield	State IL
5. NAIC Carrier ID Number (9 digits) 250112538		6. ZIP Code of Issuing Office 44131	7. Name of Insurance Company Wesco Insurance Company
8. Policy Number WWC3216474		9. Effective Date of Termination 8/5/2016	
10. The policy is cancelled and all business names and address operating under the Federal ID Number listed in Item #1 are terminated for the following reason: <div style="display: flex; justify-content: space-between; align-items: flex-start; padding-top: 10px;"> <div style="width: 35%;"> <input type="checkbox"/> A. Non-payment of premium  <input type="checkbox"/> B. Employer insuring elsewhere  <input type="checkbox"/> C. Employer no longer in business  <input type="checkbox"/> D. Employer uncooperative  <input checked="" type="checkbox"/> E. Other (provide reason)  <u>Insured Request</u> </div> <div style="width: 60%; text-align: center;"> <p><b>Failure to maintain required insurance  may subject the employer to a fine of  \$1,000 per day and imprisonment up  to six months.</b></p> </div> </div>			

Pursuant to the Workers' Disability Compensation Act, this is to certify that the insurance company carrying the workers' compensation insurance on the above referenced employer has terminated its liability as indicated.

11. Authorized Signature 	Date 7/7/2016
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LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act of 1969, 418.621(2)(g); R408.41a Completion: Mandatory Penalty: Failure to file is punishable under MCLA 418.631
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**NEW HAMPSHIRE WORKERS' COMPENSATION INSURANCE COVERAGE  
TERMINATION NOTICE**

**TO:**

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">EMPLOYER IDENTIFICATION NO.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Personnel Staffing Group, LLC</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">EMPLOYER (DBA – TRADE NAME)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">EMPLOYER MAILING ADDRESS</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">EMPLOYER CITY, STATE, ZIP</div>	<div style="border: 1px solid black; padding: 10px; min-height: 100px;">Termination Date [per LAB 308.03(i)]</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">CARRIER NUMBER</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Wesco Insurance Company</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CARRIER NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CARRIER ADDRESS</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">CARRIER CITY, STATE, ZIP</div>
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**TO:**

NEW HAMPSHIRE LABOR DEPARTMENT  
P.O. Box 2080  
Concord, NH 03302-2080  
  
(603) 271-3175

**REASON FOR TERMINATION OF COVERAGE**

- ☐ 1. Change of Carrier
- ☐ 2. Out of Business
- ☐ 3. Business Sold
- ☐ 4. No Employees
- ☐ 5. Premium Payment Due
- ☐ 6. Request of Carrier/Agency
- ☐ 7. Revocation of Voluntary Acceptance

# EMPLOYEE WARNING

## OF LOSS OF WORKERS' COMPENSATION INSURANCE COVERAGE

Personnel Staffing Group, LLC

Date:

Policy: WWC3216474

The above-named employer's workers' compensation insurance coverage issued by the insurance carrier shown below is pending cancellation. Claims occurring on or after will not be covered for medical or wage-loss benefits due an injured worker as the result of an injury incurred while in the employment of the named employer, unless the insurance coverage requirements are met by

Should this cancellation not occur, the employer will be given written authorization from the insurance carrier to remove this sign.

This sign will remain posted over the current "Employee Notice" sign until effective workers' compensation insurance is obtained by this firm.

**FAILURE TO POST THIS SIGN OR POSTING AN ALTERED SIGN IN THE WORKPLACE WILL  
RESULT IN A \$50 FINE AGAINST THE EMPLOYER!**

For general information about workers'  
compensation, call or write:

STANDARDS BUREAU

Employment Relations Division

Montana Department of Labor and Industry

For specific information about this policy,  
call or write the insurance carrier:

Wesco Insurance Company

P.O. Box 8011

Helena, MT 59604-8011

Phone (406) 444-6530

**NEW JERSEY**

**APPROVED FORM FOR FILING NOTICE OF CANCELATION BY CARRIER**

Executive Director  
c/o Compensation Rating & Inspection Bureau  
60 Park Place  
Newark, N.J. 07102

You are hereby notified that the policy of Workers Compensation and Employers Liability Insurance described below will be terminated as of the stated date.

Name of Employer Personnel Staffing Group, LLC

Address of Employer DBA: Barnett Management  
Attn: Danny Barnett  
1751 Lake Cook Road  
Suite 600  
Deerfield IL 60015

Nature of Business Temporary Staffing

Policy No. WWC3216474 Effective Date of Policy 6/30/2016

Effective Date of Cancellation 8/5/2016 at 12:01 o'clock A.M., standard time.

Date Notice of Cancellation was mailed Employer 7/7/2016

CERTIFICATION: THE UNDERSIGNED INSURANCE CARRIER CERTIFIES THAT LIKE NOTICE OF ELECTION TO TERMINATE THE STATED CONTRACT OF INSURANCE HAS BEEN GIVEN THE EMPLOYER IN ACCORDANCE WITH REQUIREMENT OF N.J.S.A. 34:15-81.

Insurance Carrier \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Reason for Cancellation/Insured Request**

FORM 116-B 7/09

**NOTE: ALL INFORMATION REQUIRED BY THIS FORM MUST BE GIVEN.**